

NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34594

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 3930
(c) City KANSAS CITY (d) Street No. LAKESIDE HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MAURICE RICHARD WILLIAMS
(a) Residence, No. R. R. #4 St. GRAND ISLAND, NEBRASKA
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. MARY ELIZABETH WILLIAMS

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938, to Oct 9, 1938
I last saw him alive on Oct 9, 1938 Death is said to have occurred on the date stated above, at 12:12 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-13-1883

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 55 MONTHS 3 DAYS 27 IF LESS than 1 day, hrs. or min.

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

121

Chronic Interstitial Nephritis
Chronic Prostatic Hypertrophy

12. BIRTHPLACE (CITY OR TOWN) MONROE CITY (STATE OR COUNTRY) MISSOURI

Other contributory causes of importance:
Uraemia

FATHER 13. NAME BEDE WILLIAMS

Yes super Pubic about 2 weeks
distention

14. BIRTHPLACE (CITY OR TOWN) INDIANA (STATE OR COUNTRY)

Name of operation Yes Date of Oct 3/38
What test confirmed diagnosis None Was there an autopsy? No

MOTHER 15. MAIDEN NAME MARTHA PIKE

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) MONROE CITY (STATE OR COUNTRY) MISSOURI

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) MRS. MARY ELIZABETH WILLIAMS
GRAND ISLAND, NEBRASKA

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE GRAND ISLAND, NEB. DATE OCTOBER 9, 1938

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

(Signed) George J. Conley M. D.

20. FILED Oct 9, 3PM in Brown Local Registrar.

(Address) 280 W. Plaza St. KCMO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.