Filed FEB 26 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1465

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 450

1. PLACE OF DEATH:
(a) County: Jackson 1
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3021 Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: KATE WILLIAMS 452
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Herbert E. Williams
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: March (Month) unk (Day) 1874 (Year)
8. AGE: Years 65 Months 10 Days unk If less than one day ____ hr. ____ min.
9. Birthplace: Indp. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ----------
FATHER
12. Name: Unknown Dooley
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: No Record
15. Birthplace: No Record. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Mr. Herbert E. Williams,
(b) Address: 3021 Terrace K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 1st, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Council Grove Kansas.
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri.
19. (a) Jan. 30, 1940 (Date received local registrar) (b) M. M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th year 1940 hour 8 minute 35 P. M.
21. I hereby certify that I attended the deceased from 1-26- 1940, to 1-28-40, 19__; that I last saw her alive on 1-28-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis of lungs with hypostatic congestion an. Bronchopneumonia	
Due to: Myocardial fibrosis with cardiac decompensation	
Due to: 92 C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: See above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature: E. F. D. Mora M.D. (M. D. or other)
Address: Supt. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. Mo

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.