

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7096

Registration District No. 431

Primary Registration District No. 5595

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Tankson
 (b) City or town Rural Simpson Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Birdie Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 5. Color or race colored 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Will Williams 6. (c) Age of husband or wife if alive 24 years
 7. Birth date of deceased Sept. 24 1884
 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Tankson Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business Private Home

MOTHER FATHER
 12. Name Black Goodwin
 13. Birthplace Tankson Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mollie Franklin
 15. Birthplace Tankson Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Miles
 (b) Address Rt 2 Warrensburg Mo.
 17. (a) Burial (b) Date thereof Feb 29 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Hill
 18. (a) Signature of funeral director M. J. Hilbert
 (b) Address Warrensburg Mo.
 19. (a) Feb 29 - 1940 (b) Anna Miles
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Tankson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1908 E. 19th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
 year 1940 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Feb 22, 1940 to Feb 27, 1940
 that I last saw her alive on Feb 22, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Throat
 Due to not known

Due to 46
 Other conditions not known
 (include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy none
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature M. J. Hilbert (M. D. or other)
 Address Warrensburg Mo. Date signed 2-28-40

RECEIVED
 District Health Officer No. 8,
 District File Number
 Date Filed 3/6/70

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..... *Donald L. Griffin*
 Licensed Embalmer No. 2053
 P. O. Address..... *Wernersburg, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7096**
Registrar's No. **31**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **431**

Primary Registration District No. **5595**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County **Johnson**
(b) City or town **Lempson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Birdie Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation **maid**

11. Industry or business **Private home**

MOTHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) **Feb. 29, 40** **E. H. Hendry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature **Wm R. Patterson** _____
Address **Warrensburg** _____ Date **Feb 29 1940**

S-7096