

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1941

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **5869**
Registrar's No. **641**

Registration District No. **399**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2815 Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **22 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **18**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **2815 Park Ave.** (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME **Frances A. Williams**

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, **Widowed**

6. (b) Name of husband or wife **Gilbert G. Williams** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 12, 1855**
(Month) (Day) (Year)

8. AGE: Years **85** Months **8** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Adamslo Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER { 12. Name **Unknown**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Mathews**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. A. Williams**

(b) Address **2815 Park Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 14, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn, K. C. Mo.**

19. (a) **2/12-41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12th**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Feb. 11th** to **Feb. 12th**, 1941,
that I last saw her alive on **Feb. 11th**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Arterial Hypertension** years

Due to _____

Other conditions **Influenza** **Tuberculosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **94**
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) _____ (Specify nature of injury) **2**

23. Signature **W. H. Farver** (M.D. or other) **DD**
Address **406 W. 12th St.** signed **2-12-41**

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

406 Northman
No 1207

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

J. Clair Shipp
.....
Licensed Embalmer No. 114179

P. O. Address N. E. 1st

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, fact should be so stated above.