

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13339**  
Registrar's No. **1320**

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson**  
(a) County Kansas City  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1117 East 14th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)  
In this community 1 year

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. 1117 East 14th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME James Richard Williams, Jr.

3. (b) If veteran, None name war: None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race Col  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive None years

7. Birth date of deceased April 1 1940  
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business None

FATHER { 12. Name James Richard Williams  
13. Birthplace N. C.  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mattie Byrd  
15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant James Richard Williams  
(b) Address 1117 East 14th St.

17. (a) burial (b) Date thereof 4/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.  
(b) Address 1729 Lydia

19. (a) 4/3/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 1  
year 1941 hour 5:10 minute P M.

21. I hereby certify that James R. Williams the deceased from April 1 1941 to April 1 1941 that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral bronchitis - pneumonia with left

Due to empyema or left  
Due to 107

Other conditions: 107  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work None  
23. Signature W. H. Crowe (M. D. or other)  
Address H.C. Mo. Date signed 4/3/41

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

**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..... *Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address..... *11206 23rd St.*

**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.**