

DEPARTMENT OF COMMERCE **FILLED JUN 10 1949** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **17367**  
Registrar's No. **2029**

Registration District No. **299** Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jacks n**  
(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: **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 **6 days**  
(Specify whether  
In this community **20 years**  
years, months or days)

3. (a) PRINT FULL NAME **Herbert E. Williams**  
3. (c) Social Security No. **703-03-9088**  
3. (b) If veteran, name war **---**

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Cybil Williams** 6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **April 19, 1880**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>1</b>	<b>3</b>	.....hr. ....min.

9. Birthplace **Bell Knop Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Crossing Flagman**

11. Industry or business **KC Ter.**

MOTHER FATHER { 12. Name **J. A. Williams**  
13. Birthplace **N. Carolina**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary A. Penniger**  
15. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Oren E. Williams**

(b) Address **2828 Jarboe**

17. (a) **Burial** (b) Date thereof **5234-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Council Grove Kans.**

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

(b) Address **918 Brooklyn KCM**

19. (a) **May 23 1941** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **22nd**  
year **1941** hour **4** minute **55 A. M.**  
21. I hereby certify that I attended the deceased from **5-16-41**, 19....., to **5-22-41**, 19.....;  
that I last saw him alive on **5-22-41**, 19.....,  
and that death occurred on the date and hour stated above.

Immediate cause of death **LOBAR PNEUMONIA**  
Due to **108**  
Due to **108**  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy **None**

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.....  
23. Signature **Dr. R. Shaw** (M. D. or other)  
Address **Med. Dir. K. C. Gen. Hospital** Date signed.....

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

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**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, fact should be so stated above.**