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17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20900

State File No. \_\_\_\_\_

FILED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2430

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: Apt. # 309  
300 West Armour-Ellison Apt. Hotel  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
(Specify whether  
In this community 20 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
Apt. # 309 (If outside city or town limits, write "RURAL")  
(d) Street No. 300 West Armour Blvd. Ellison Apt  
Hotel (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th  
year 1941 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from  
June 23 1941 to June 26 1941  
that I last saw her alive on June 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 6-23-41  
Due to: Arterial Hypertension  
Arteriosclerosis

Other conditions: 93 W  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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 means of injury)  
23. Signature Sarah J. Ferris (M. D. or other) \_\_\_\_\_  
Address 93 W. Maple Blvd Date signed 6-26-41

3. (a) PRINT FULL NAME Mrs. Cora Williams Jones  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mr. J. Will Jones  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: November 12 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 14  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Edward Mills Williams

13. Birthplace: Scranton Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Louis

15. Birthplace: Wales 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Williams Jones  
(b) Address 300 W. Armour Blvd.

17. (a) Burial (b) Date thereof June 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. H. Brookfield, Missouri

18. (a) Signature of funeral director Ok. Neumann Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 26/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

SWT

1-4:30  
154  
Casper  
1949

**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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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, fact should be so stated above.**