

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24252
2791

State File No.

FILLED AUG 10 1941 99

Registration District No. Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Enroute to Gen. Hosp. #2
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 917 E. 14 th St.
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Isiah Williet
(b) If veteran, name war no
(c) Social Security No. 486-07-5875

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7-24-41 year 1941 hour 3:45 P.M. minute 45

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Lula Williet
(c) Age of husband or wife if alive 44 years

21. I hereby certify that I attended the deceased from 7-24-41 to 7-24-41 at 917 E. 14th St. Kansas City, Mo. that I am a physician and that death occurred on the date and hour stated above.

7. Birth date of deceased April 21, 1896
(Month) (Day) (Year)
8. AGE: Years 45 Months 3 Days 1 If less than one day hr. min.

Immediate cause of death Crushing Injury of the chest
Due to Crushing Injury of the chest
Due to Crushing Injury of the chest

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 12/6/40
Major findings: Of operations 15/6/40

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Eliza Robinson
15. Birthplace Tenn.

Of autopsy above
PHYSICIAN 15/6/40
Underline the cause to which death should be charged statistically.

16. (a) Informant Lula Williet
(b) Address 917 E. 14 th St.
17. (a) burial (b) Date thereof 7/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 7-21-41
(c) Where did injury occur? Jackson Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia St. M. Mo.
19. (a) July 25 41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? yes (Specify type of place) Home - dinner
(e) Means of injury
23. Signature Isiah Williet (M. D. or other) 3
Address 917 E. 14th St. Date signed

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

SEP 31 1941

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 Edw. Evans

Licensed Embalmer No. 3836

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.