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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 3

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27492

Registrar's No. 3150

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: Wesley Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community 20 Years 0

2. USUAL RESIDENCE OF DECEASED: 047

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2444 Prospect Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---- 0

3. (a) PRINT FULL NAME Mrs. Ella Williams

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. John Williams

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased June (Month) 23 (Day) 1856 (Year)

8. AGE: Years 85 Months 1 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Galesburg (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----

FATHER

12. Name Isaac Hayes

13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER

14. Maiden name Rebecca Unknown

15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mr. Albert N. Hayes

(b) Address 2444 Prospect Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director O. H. Neuweomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8/20/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th year 1941 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from August 15, 1941, to aug 19, 1941, that I last saw her alive on aug. 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	5 da
Due to arteriosclerosis	
Due to old age	
Other conditions (Include pregnancy within 3 months of death) 43A	
Major findings: Of operations	
Of autopsy none	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. G. Voller (M. D. or other) D

Address 724 Brady Kan. Date signed 8/20/41

(Licensed Embalmer's Statement on Reverse Side)

224. Unofficial Copy
9-2

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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.