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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37539

State File No. 4334

Registration District No. DEC 22 1941 399

Primary Registration District No. 1002

Registrar's No.

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

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: General Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-17-41-11-19-41 (Specify whether In this community 45 years years, months or days)

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. 1937 E. 8th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS WILLIAM WILLIAMS

3. (b) If veteran, name war None.

3. (c) Social Security No. 496-03-0450

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille Williams

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May (Month) 8 (Day) 1881 (Year)

8. AGE: Years 60 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business McNor. Realtor Co.

FATHER
12. Name Deceased Unknown
13. Birthplace (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name ~~Deceased~~ Mary
15. Birthplace Marshall (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Hackins Bros

(b) Address 1729 Lydia

19. (a) 11-22-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1941 hour 2 minute 45 a.M.

21. I hereby certify that I attended the deceased from November 17, 1941, to November 19, 1941; that I last saw him alive on November 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Type Heart Disease with acute congestive heart failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 H. C. Turner (M. D. or other)

Address Ten. Hosp. #2-610 E. 22 Date signed 11-19-41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.