

No. 2
1-13-40
17-39
1 XPS

JAN 24 1942
Registration District No. 379

Primary Registration District No. 1002

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

830

1. PLACE OF DEATH: Jackson
 (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: Wheatley Provident Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 In this community 30 years (Specify whether years, months or days)

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

4. Sex Fe 5. Color Col 6. (a) Single, widowed, married married
 divorced
 (b) Name of husband or wife Noah J. Williams 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased October 12, 1889
 (Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 18
 If less than one day hr. min.

9. Birthplace South Carolina
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
 12. Name James Whitley
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Ora Porter
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Noah J. Williams
 (b) Address 1414 Highland

17. (a) burial (b) Date thereof 12/4/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Haskins Bros.
 (b) Address 1729 Lydia

19. (a) 12/4/41 (b) M. M. Brown
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State Missouri (b) County Jackson
Kansas City
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1414 Highland
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH November 9, 1941 30 day 15 P. M.
 year hour minute

21. I hereby certify that I attended the deceased from Oct. 30th
1941, to Nov. 30th, 1941;
 that I last saw her alive on Nov. 30th, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Acute nephritis
 Due to

Duration
5 Days
25 Days

Due to

Other conditions (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) (e) Means of injury
 23. Signature J. E. Dible (M. D. or other)
 Address 1605 E-18th St State signed

Dibble.

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 *2513 Highland*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 4498

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

1. PLACE OF DEATH:

(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Elvira Williams

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex ♀ 5. Color or race col 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased. (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. 1414 Highland (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

20. DATE OF DEATH: Month Nov day 20 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death: uremia

Due to: acute nephritis Duration 5 day

Due to: exacerbation of a chronic nephritis Duration 25 day

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

Major findings: Of operations 1316
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) (e) Means of injury

23. Signature J. D. Sibble (M. D. or other)

Address 1625 E. 18th St Date signed

SUPPLEMENTARY

S-40822