No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41217

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4898

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-26-41-12-29-41 (Specify whether
In this community 21 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2440 Euclid
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ETTA WILLIAMS

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Leander Williams
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased November (Month) 18 (Day) 1900 (Year)

8. AGE: Years 41 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Union Parrish (City, town, or county) Louisiana (State or foreign country) 1
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Deceased Jake Burks
13. Birthplace (City, town, or county) La. (State or foreign country) 1
MOTHER
14. Maiden name Marian Taylor
15. Birthplace (City, town, or county) Louisiana (State or foreign country) 1
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 12-31-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1941 hour 7 minute 10 a. M.

21. I hereby certify that I attended the deceased from December 26, 1941, to December 29, 1941
that I last saw her alive on December 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema and congestion

Due to Agranulocytic angina (cause unknown)

Due to Probably drugs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 76a

Of autopsy Same as above

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? Means of injury

23. Signature A C Burns (M. D. or other)
Address Gen. Hosp. #2-600 E. 22 Date signed 12-30-41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.