V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1496 111

Registration District No. 391 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 #20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours (Specify whether years, months or days)
In this community Not Known

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits write "RURAL")

(d) Street No. 1816 Trove 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME IVERN WILLIAMS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 7 (Month) 2 (Day) 1885 (Year)

8. AGE: 56 Years | Months 5 | Days 31 | If less than one day ___ hr. ___ min.

9. Birthplace Jackson Miss (City, town, or county) 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Edward Williams
13. Birthplace Not Known (City, town, or county) — 4 (State or foreign country)

MOTHER
14. Maiden name Hanna Buckner
15. Birthplace Not Known (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Williams
(b) Address St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis, Mo

18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Troy

19. (a) 1-9-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 1-1-42
year ___ hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19__, to 11 10 a, 19__;
that I last saw ___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Cerebral Hemorrhage

Due to Fracture of the skull

Due to Traumatic injury to head

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1958
Of autopsy Yes

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) Do not know
(b) Date of occurrence Do not know 1 2 3
(c) Where did injury occur? Do not know (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 Kenneth Buhler (M. D. or other)
Address K.C. Mo. Date signed

(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. 1271

P. O. Address Kansas City Mo

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, above space should be left blank.