

S. No. 2  
M-9-4-41  
v. 5-17-39  
WI X29484

9676

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 25 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1384

48388  
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 3-22-42-3-24-42  
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>048</sup><sub>3</sub>

(c) City or town Kansas City <sup>8</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 915 Prospect  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME LOTTIE JAMES

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

4. Sex Female <sup>3</sup> 5. Color or race Negro

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

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased December 15 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Rueben Williams

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

{ 14. Maiden name Lou Mansfield

{ 15. Birthplace unk <sup>9</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 4-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seeds

18. (a) Signature of funeral director W. M. Schameyer

(b) Address K. C. Mrs

19. (a) 4-7-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1942 hour 11 minute 25 p..M.

21. I hereby certify that I attended the deceased from March 22 1942, to March 24 1942; that I last saw her alive on March 24 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Duration \_\_\_\_\_

Due to 107

Due to \_\_\_\_\_  
Other conditions 107  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same as above

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 Spontaneous Fracture

(b) Date of occurrence Dec 4, 19

(c) Where did injury occur? N. 6 - No  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
While at work? No (Specify type of place) Means of injury None

23. Signature J. C. DeWitt (M. D. or Physician)

Address Gen. Hq. 600 622 Date signed 3-27-42

**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 Me  
AB Moore, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed AB Moore  
Licensed Embalmer No. 2410  
P. O. Address 1820 E 18<sup>th</sup> St

**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.