

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

17224

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 6 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2060

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80
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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
About 45 Years (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **38**
(If outside city or town limits, write "RURAL")

(d) Street No. 2618 Indiana Avenue
(If rural, give location)

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

If yes, name country: -----

3. (a) PRINT FULL NAME Mrs. Ida Allen Williams

3. (b) If veteran, name war: No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. William Williams 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 24 1878
(Month) (Day) (Year)

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

64 1 30 hr. min.

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

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name Jess Allen

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

14. Maiden name Epps Thompson

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

16. (a) Informant Mr. William Williams

(b) Address 2618 Indiana Ave.

17. (a) Burial (b) Date thereof May 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-26-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from June 24, 1938 to May 23, 1942

that I last saw her alive on May 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac collapse Duration

Due to Chronic myocarditis, aurricular fibrillation, hypertension

Due to 93 D

Other conditions 93 D
(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) _____ (Specify type of injury)

23. Signature J. M. Sheppard (M. D. or other) **MR**

Address 625 Professional Bldg. Date signed 5-23-42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. L. M. Shapiro
625 PROFESSIONAL
11-7-53
NOV 17 1953

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 *Emile M. Calhoun*
Licensed Embalmer No. 3506
P. O. Address KC 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, fact should be so stated above.