

No. 2
5-17-39

30524

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 10 1942

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Twp.
(c) Name of hospital or institution: 509 Wanner Court
(d) Length of stay: one year
In this community one year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Blue Twp.
(d) Street No. 509 Wanner Court
(e) Citizen of foreign country? No
If yes, name country No

3. (a) PRINT FULL NAME Raymond Lee Williams

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: JANUARY 25, 1936

8. AGE: 6 Years 7 Months 21 Days _____ hr. _____ min.

9. Birthplace Independence Mo.

10. Usual occupation at school

11. Industry or business _____

12. Name Jay E. Williams
13. Birthplace Bark Kansas
14. Maiden name Leona Kuehl Williams
15. Birthplace Grandview Mo.

16. (a) Informant Jay E. Williams

(b) Address 509 Wanner Court

17. (a) Burial (b) Date thereof 9/18/42

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Boyd E. Carson

(b) Address Independence, Mo

19. (a) 9-16-42 (b) James W. Ross

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1942 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Sept 16 1942
that I last saw him alive on Sept 16 and that death occurred on the date and hour stated above.

Immediate cause of death: Breast Tumor

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

Major findings: None
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 926 McLean Date signed 9/16/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
00
00

MOTHER FATHER

1163 (Licensed Embalmer's Statement on Reverse Side)

Dr. Baruum
9/16 m = See

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 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. 30524

Registration District No. 146

Primary Registration District No. 5368

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Sup.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Raymond Lee Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 16 year 1942 hour _____ minute _____ M.

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan. 25 1937
(Month) (Day) (Year)

8. AGE: Years 6 Months 7 Days _____ If less than one day _____ min.

21. I hereby certify that I attended the deceased from _____, 19____; that I first saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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)

(Immediate cause of death) Brain Tumor (Benign) ✓

Due to _____

Due to _____

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (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)

Other conditions (Include pregnancy within 3 months of death) 56

Major findings:
Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

