

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33020
State File No. 3711
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital No. 20**
(d) Length of stay: **10-2-42-10-4-42**
2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **411 Gillis**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **KATHERYN WILLIAMS**
(b) If veteran, name war **None**
(c) Social Security No. **None**

20. DATE OF DEATH: Month **October** day **4** year **1942** hour **5** minute **50 a.**

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced, **single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **19** years

21. I hereby certify that I attended the deceased from **October 2 1942** to **October 4 1942**
that I last saw him alive on **October 4 1942**
and that death occurred on the date and hour stated above.
Immediate cause of death **Bronchopneumonia**

8. AGE: Years **2** Months **5** Days **13**
If less than one day **hr. min.**

Due to **107**
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **Same as above**

9. Birthplace **Kansas City Missouri**
10. Usual occupation **Infant**
11. Industry or business

MOTHER FATHER
12. Name **Clarence Williams**
13. Birthplace **Nashville Tennessee**
14. Maiden name **Effie B. McIntyre**
15. Birthplace **Jacksonville Florida**

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

16. (a) Informant **Record Clerk**
(b) Address **General Hospital No. 2**
17. (a) **burial** (b) Date thereof **10/9/42**
(c) Place: burial or cremation **Restlawn Cem**
18. (a) Signature of funeral director **Hatkins Bros**
(b) Address **1729 Lydia**
19. (a) **10-8-42** (b) **M. M. Crowe**

23. Signature **J. O. Taylor** (M. D. or other)
Address **Gen. Hosp #2 601 E 22** Date signed **10-6-42**

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

48
3
8

48
3
8

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.....

J. Manlove

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.