

S. No. 2  
M-5-42  
7. 5-17-39  
WI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33022

**FILED** OCT 20 1942

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

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 3622

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Mos. & 17 days  
(Specify whether years, months or days)  
40 Years  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5516 Elmwood Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Williamson  
3. (b) If veteran, name war No  
3. (c) Social Security No. 487-12-8577

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 29th year 1942 hour 7 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 6-12-42, 19\_\_\_\_, to 9-29-42, 19\_\_\_\_; that I last saw him alive on 9-29-42, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Maggie Williamson 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased February 28 1900  
(Month) (Day) (Year)

Immediate cause of death  
Carcinoma of the colon

8. AGE: Years Months Days If less than one day  
42 7 1 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Yates Center Kansas  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Auto Mechanic

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None

11. Industry or business City Garage

12. Name George Williamson

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

14. Maiden name Elizabeth Williams

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

16. (a) Informant Mrs. Maggie Williamson

(b) Address 5516 Elmwood Avenue

17. (a) Burial (b) Date thereof Oct. 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-1-42 (b) Mr. M. Brown  
(Date received local registrar) (Registrar's signature)

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) (2) Means of injury \_\_\_\_\_

23. Signature Dr. R. Johnson (M. D. or other) \_\_\_\_\_

Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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

NOV 9 1942

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**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No. ....

*4070*

P. O. Address.....

*F. C. Inc.*

**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.**