S. No. 2
M—9-4-41
5-17-39
I X29484

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

1392

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 460

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 548½ Main St Room 15
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Do not know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48 3 8

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

(d) Street No. 548½ Main St Room 15
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clark Harden Williams

3. (b) If veteran, name war Do not know

3. (c) Social Security No. Do not know

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced [illegible]

6. (b) Name of husband or wife

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

7. Birth date of deceased 1887 (Month) (Day) (Year)

8. AGE: Years 56 Months — Days — If less than one day hr. min.

9. Birthplace Do not know (City, town, or county) 9 (State or foreign country)

10. Usual occupation Laber

11. Industry or business none

FATHER
12. Name Do not know
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jackson County Coroner
(b) Address K C MO

17. (a) School (Burial, cremation, or removal) (b) Date thereof Jan 28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Kirkville College Kirkville Mo

18. (a) Signature of funeral director Passantino Bros
(b) Address K C MO

19. (a) 1-28-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 43 hour 12 minute 8 P.M.

21. I hereby certify that I attended the deceased from [illegible], 19 to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to 93D

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & Pathology

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)

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

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 1/27/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address K.C. 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.