

S. No. 2
OM-2-43
5-17-39
X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31035**
3336
Registrar's No.

FILED SEP 28 1943

Registration District No. **749**

Primary Registration District No. **1002**

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-20-43-9-9-43
(Specify whether years, months or days)

In this community 38 years

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. 2528 1/2 Park
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK WILLIAMS

3. (b) If veteran, name war None

3. (c) Social Security No. 495-05-2208

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9 year 1943 hour 3:30 minute a. M.

4. Sex male 5. Color or race Negro

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

6. (b) Name of husband or wife Margaret Williams

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 2 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 20, 1943, to September 9, 1943, that I last saw him alive on September 9, 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>		<u>7</u>	hr. _____ min.

Immediate cause of death Generalized Carcinomatosis

Due to Squamous cell carcinoma of face

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

10. Usual occupation unemployed

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Williams

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

14. Maiden name Mary E. unkenberry

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

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)

Means of injury _____

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 9/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Highland Cemetery

18. (a) Signature of funeral director Kathleen Bros

(b) Address 1229 Lydia

19. (a) 9-13-43 (b) J. E. Brown, Dep.
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Brown (M. D. or other) _____

Address Gen. Hosp. Bld-600 E. 12 Date signed 9-9-43

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. Jerome 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.