

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 22 1943
Registration District No. 1002

State File No. 41360
Registrar's No. 5102

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 3504 MONTGALL
(d) Length of stay: In hospital or institution 2 MONTHS
In this community 2 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 3504 MONTGALL
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS BEULAH WILLIAMS
(b) If veteran, name war No
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 2 year 1943 hour 5 minute 30 P.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR DICK WILLIAMS
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased MAY 20 1894

21. I hereby certify that I attended the deceased from Oct 1 1943 to Dec 2 1943
that I last saw her alive on Nov 20 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of Uterus

8. AGE: Years 49 Months 6 Days 12

Due to...
Due to...
Other conditions...
Major findings: Of operations...
Of autopsy... none

9. Birthplace LIVINGSTON MISSOURI

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name WASH WRIGHT

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

14. Maiden name LUCINDA WILSON

15. Birthplace BEDFORD MISSOURI

16. (a) Informant Dick Williams
(b) Address Chillicothe Mo

17. (a) Removal (b) Date thereof 12-2-43
(c) Place: burial or cremation AVALON MISSOURI

18. (a) Signature of funeral director...
(b) Address 1401 Beach Creek Blvd
19. (a) 12-3-43 (b) D.E. Brown

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?
23. Signature... Date signed 12-2-43

4136
Chromette

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.