

FILED MAY 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

13927
1735

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2331 Lister
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 13 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2331 Lister
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Dorothy M. Williams

(b) If veteran, name war _____ (c) Social Security No. none

4. Sex Female / Color or race white
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Fanis Williams
(c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 30 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 1 minute 35 a.m.
21. I hereby certify that I attended the deceased from April 1, 1944, to April 19, 1944; that I last saw her alive on April 18, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 46 lb

Duration _____

Major findings: Of operations Carcinoma of stomach
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James A. Graham (M. D. or other)
Address 15 N. Argyle Bldg. R.C. Date signed 4-19-44

8. AGE: Years 58 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Easton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Gerstner
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Meyer
15. Birthplace Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Fanis Williams

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof April 23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Robert W. Sidenfaden
(b) Address St Joseph Mo

19. (a) 4-19-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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

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 Robert H Reed

Licensed Embalmer No. 3745

P.O. Address St Joseph 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.