

No. 2
-9-4-41
5-17-39
X29484

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 160

FILED JUN 8 1944
Registration District No. 1

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Galloway

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

(c) Name of hospital or institution: 2 State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24-2M-1da
(Specify whether years, months or days)

In this community 24-2M-1da
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson¹⁴

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

(d) Street No. 2447 Forrest
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lewis Williams

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race N

6. (a) Single, widowed, married, 2 divorced Widower

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 2 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation 6 huf

11. Industry or business _____

MOTHER FATHER { 12. Name Sen Williams 9

{ 13. Birthplace DK 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name DK

{ 15. Birthplace DK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address _____

17. (a) Burial (b) Date thereof May 12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Walter Bras

(b) Address Kansas City, Mo.

19. (a) May 10-1944 (b) Joan M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1944 hour _____ minute 9:45 A. M.

21. I hereby certify that I attended the deceased from April
1, 1944, to May 7, 1944
that I last saw h. u. alive on May 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Generalized Arteriosclerosis

Due to _____

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

Major findings: 93d

Of autopsy _____

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? _____ (i) Means of injury 0

23. Signature Frank Thomas (M. D. or other) _____
Address Fulton Mo Date signed 5/11/44

AUG 18 1944

AUG 28 1944

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-7-44

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.