. S. No. 2
OM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

Registration District No. 9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23940

Registrar's No. 3056

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 #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2312 Tracy 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Nancy Williams

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

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

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

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

7. Birth date of deceased December (Month) 12 (Day) 1879 (Year)

8. AGE: Years 64 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Town Creek (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Beautician

11. Industry or business

FATHER
12. Name Henry Carroll
13. Birthplace Prospect (City, town, or county) Tenn. (State or foreign country)

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

16. (a) Informant Herbert Williams
(b) Address 2312 Tracy, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine K.C. Mo.

19. (a) 7-24-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 P.
year 1944 hour 12:55 minute P. M.

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

Immediate cause of death Duration

Due to Hypertensive Myocarditis

Due to Acute Pulmonary Edema

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93-d.

Of autopsy yes

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 3

23. Signature P. T. Richardson (M.D. or other)

Address 1832 Vine Date signed 7-29-44

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.

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.