

FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36977

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4523

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution: 803 E. 24th St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 41  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 803 E. 24th St. (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MATTIE MAE WILLIAMS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 47-14-1740

4. Sex Female 5. Color or race Nepa 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 30 1897 (Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name George Bates  
 FATHER { 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Helenie Barber  
 (b) Address 232 1/2 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)  
 (c) Place: burial or cremation Highland Cemetery, K.C.

18. (a) Signature of funeral director Fannie A. Ineet  
 (b) Address 1708 E. 18th St. K.C., Mo.

19. (a) 11-13-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 8 year 1944 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from July 17 1944 to Nov 8 1944  
 that I last saw her alive on Nov 8 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic Heart Disease  
 Due to Cardiac Decom-pensation  
 Due to Acute Cardiac Dilatation  
 Other conditions (Include pregnancy within 3 months of death) none

Major findings: none  
 Of operations 950  
 Of autopsy none

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? no  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. D. or other M. D.  
 Address 1618 Lydia Date signed 11/8/44

Duration May 15 1944  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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.**