. No. 2
I—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1020

**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:
2827 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 5 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. 2827 Lister 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BARBARA WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Griff, Williams

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

7. Birth date of deceased 10 (Month) 15 (Day) 1864 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 81 | 4 | 13 | hr. min. |

9. Birthplace Center Town (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Chambers
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Liza Wells
15. Birthplace (City, town, or county) unknown (State or foreign country) 0

16. (a) Informant Mrs. Henrietta Blaisdell
(b) Address 2827 Lister

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb-28-1946 (Month) (Day) (Year)
(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Missouri

19. (a) 2-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 28th.
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 10, 1945, to Feb 28, 1946
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Toxic myocarditis | 12/3/45 |
| Due to | |
| Due to | |
| Other conditions Fractures left hip (Include pregnancy within 3 months of death) | Dec 3, 46 |
| Major findings: Of operations | |
| Of autopsy | |

186a 5 18

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) accident 123

(b) Date of occurrence 12-3-45

(c) Where did injury occur? K.C. Jackson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature [signature] (M. D. or other)

Address 612 Professional Bldg Date signed 2/28/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lyle Willits

Kansas City, Mo.

## 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 Joe B. Yoder

Licensed Embalmer No. 4173

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.**