. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1946

State File No. 16919

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2096

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: Neurological Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks (Specify whether

In this community 5 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Leis Summit 1 (If outside city or town limits, write "RURAL")

(d) Street No. 515 So. Douglas 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Bertha R. Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife J Wesley Williams

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

7. Birth date of deceased May (Month) 3 (Day) 1886 (Year)

8. AGE: Years 60 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name O. Swanson
13. Birthplace (City, town, or county) Sweeden 4 (State or foreign country)

MOTHER
14. Maiden name Marie Linquist
15. Birthplace Moline (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Maurice Williams

(b) Address Leis Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo

18. (c) Signature of funeral director N. B. Langsford

(b) Address Leis Summit Mo

19. (a) 5-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1946 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from March 30, 1946, to May 6th, 1946; that I last saw her alive on May 5th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, labor, bilateral	12 hrs
Due to: Carcinoma in spleen, liver, & lymphatics	4 mo.
Due to: generalized, primary site	
Other conditions (Include pregnancy within 3 months of death): unknown	

Major findings:
Of operations 55 l

Of autopsy same as above

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

23. Signature Marvin L. Bills (M. D. or other)

Address 315 Alameda Rd. KC Mo Date signed 5/6/46

(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. N. B. Langford

Licensed Embalmer No. 3833

P. O. Address. Leo Summit 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.