

S. No. 2  
 M-5-43  
 v. 5-17-39  
 I X38671

DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI  
 BUREAU OF VITAL STATISTICS  
**FILED MAY 20 1946**  
**STANDARD CERTIFICATE OF DEATH**

State File No. 16920  
 Registrar's No. 2113

Registration District No. 149 Primary Registration District No. 1002

**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:  
2826 Chelsea /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether  
 In this community 14 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2826 Chelsea  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John C. WILLIAMS  
 3. (b) If veteran, name war no 3. (c) Social Security No. 493-12-5561  
 4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced unknown  
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	60			_____ hr. _____ min.

9. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Custodian  
 11. Industry or business Carbon Carbide Co., 912 Baltimore  
 12. Name Unknown  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Morrow  
 (b) Address 2826 Chelsea  
 17. (a) Burial (b) Date thereof 5-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old Camp Ground Cem

18. (a) Signature of funeral director Meblody-McGilley-Eylar  
 (b) Address 1800 E. Linwood Blvd.  
 19. (a) 5-9-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 5 day 6  
 year 1946 hour 5:45 minute 0 M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pneumonia  
 Due to arterial sclerosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: 94 a  
 Of operations \_\_\_\_\_  
 Of autopsy History & Inspection

**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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
 23. Signature J. J. J. J. (M. D. or other) \_\_\_\_\_  
 Address 1424 W. 14th Date signed 5-7-46

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

MOTHER, FATHER

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**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.....

*Russell N. France*

Licensed Embalmer No. *4255*

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.**