

No. 2  
-5-43  
5-17-39  
I X3667

FILED JUN 25 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 2640

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 No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 26 days  
In this community 1 month  
(Specify whether 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. 2436 Tracy 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Helen Williams

3. (b) If veteran, name war No  
3. (c) Social Security No. 487-30-2000

4. Sex Female 3 5. Color or race Negro  
6. (a) Single, widowed, married, divorced, separated

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

7. Birth date of deceased August 9, 1907  
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 3  
If less than one day hr: min.

9. Birthplace Moberly Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housemaid

11. Industry or business

12. Name Charley Williams

13. Birthplace Moberly Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Page

15. Birthplace Yates Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) REMOVAL (b) Date thereof 6-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Moberly Green Street

(b) Address 1817 E. 13th St. K. C. Mo.

19. (a) 6-14-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12, year 1946 hour 7: minute 40 P. M.

21. I hereby certify that I attended the deceased from May 17, 1946 to June 12, 1946 that I last saw her alive on June 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death STATUS EPILEPTICUS (Idiopathic)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 85

Major findings: Of operations.....

Of autopsy.....

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?.....

(e) Means of injury..... (Specify type of place)

23. Signature E. Frank Coe (M. D. or other) Address General Hospital No. 2 Date signed 6/13/46

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**