No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31514

FILED OCT 4 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4044

**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 92 DAYS (Specify whether
In this community 15 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. 583 HARRISON 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BUD WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Jaunita Williams

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased DECEMBER (Month) 5, (Day) 1891 (Year)

8. AGE: Years 55 | Months 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace SALINE COUNTY (City, town, or county) MISSOURI (State or foreign country) 1

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name JOHN WILLIAMS
13. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name MATHILDA WRIGHT
15. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant JUANITA WILLIAMS (WIFE)

(b) Address 583 HARRISON

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Ave

19. (a) 9-23-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month SEPTEMBER day 20, year 1947 hour 4: minute 00 A. M.

21. I hereby certify that I attended the deceased from JUNE 11, 1947 to SEPTEMBER 20, 1947 that I last saw him alive on SEPTEMBER 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death TERMINAL BRONCHO-PNEUMONIA

Due to HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 D

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

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

Address GENERAL HOSPITAL NO. 2 Date signed 9/22/47

Jefferson City Printing Co.

(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 Lester L. Lilly Registered Apprentice No. 73 working under my personal supervision.

Signed: J. Jerome Manlove

Licensed Embalmer No. 3924

P. O. Address 2503 Highland

**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.