No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31515

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3990

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

(d) Length of stay: In hospital or institution 30 DAYS (Specify whether
In this community 20 YRS.
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. 1326 MICHIGAN 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced Divorced 3

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

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

7. Birth date of deceased FEBRUARY (Month) 4, (Day) 1897 (Year)

8. AGE: Years 50 Months 6 Days ~~14~~ 13 If less than one day hr. min.

9. Birthplace LOUISVILLE (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation CONSTRUCTION WORKER

11. Industry or business

FATHER
12. Name CULLEN WILLIAMS
13. Birthplace (City, town, or county) MISSISSIPPI (State or foreign country)

MOTHER
14. Maiden name LUCY GOFF
15. Birthplace (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant CLARISA WILLIAMS (SISTER)
(b) Address 1326 MICHIGAN

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery K.C.K.

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 17, year 1947 hour 7: minute 40 P. M.

21. I hereby certify that I attended the deceased from AUGUST 18, 1947 to SEPTEMBER 17, 1947; that I last saw him alive on SEPTEMBER 17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death EXTENSIVE BILATERAL	
PULMONARY TUBERCULOSIS	
HEPATIC TUBERCULOSIS	
Due to TUBERCULOUSPERITONITIS	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13	

Major findings:
Of operations
Of autopsy SAME AS ABOVE

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 9/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Lyeston L. Lilly, Registered Apprentice No. 73, working under my personal supervision.

Signed Jerome D. Marlowe

Licensed Embalmer No. 3994

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.