

S. No. 2  
DM-2-43  
v. 5-17-39  
1 X39697

31517

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION  
**FILED SEP 23 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **3880**

Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5240 Lyons** /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days) **30 Years**

3. (a) PRINT FULL NAME **Martha Etta Williamson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Geo. Williamson** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **February 17 1873**  
(Month) (Day) (Year)

8. AGE: Years <b>70</b>	Months <b>63</b>	Days <b>20</b>	If less than one day hr. _____ min.
-------------------------	------------------	----------------	--

9. Birthplace **Nebraska** /  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Elias L. Larcow**

13. Birthplace **New York** /  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Ellen Gardner**

15. Birthplace **Iowa** /  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. George M. Williamson**

(b) Address **5240 Lyons**

17. (a) **Burial** (b) Date thereof **9-10-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brookings**

18. (a) Signature of funeral director **Mrs. C.L. Forster**  
(b) Address **Kansas City, Mo.**

19. (a) **9-10-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Johnson** **51**  
 (c) City or town **Montserrat** **0**  
 (If outside city or town limits, write "RURAL") **0**  
 (d) Street No. \_\_\_\_\_ (If rural, give location) **1**  
 (e) Citizen of foreign country? **X No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** / **17** 19**47** year **1947** hour **11:05** minute **55** **P.M.**

21. I hereby certify that I attended the deceased from **Sept 6** 19**47** to **Sept 17** 19**47** that I last saw **her** alive on **Sept 8** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **830**  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
 23. Signature **G.W. Hoover** (M. D. or other) **0**  
 Address **Kansas City, Mo.** Date signed **Sept 17 1947**

---

---

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.....

..... *Jerry A. Minor* ....., Registered Apprentice No. *437*  
working under my personal supervision.

Signed..... *Cortland Minor* .....

Licensed Embalmer No. *3414*

P. O. Address *918 Brooklyn*

**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.**