

S. No. 2  
K-1/47  
5-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41977

State File No. ....

FILED JAN 2 1948  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 5312

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 # 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  
In this community: two months  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No.: 1214 Monroe  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: Gertrude Williams

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12  
year 1947 hour 10 minute 15 a.m.

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Ray Williams

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

7. Birth date of deceased: Feb 10 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 7, 1947, to Dec. 12, 1947.  
that I last saw her alive on December 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: possible metastatic ca of spine

8. AGE: Years 71 Months 10 Days 2 If less than one day hr. min.

Due to: .....

Due to: .....

9. Birthplace: White Hall Illinois  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death): .....

10. Usual occupation: Housewife

Major findings: 558

Of operations: .....

11. Industry or business: at home

12. Name: James Whitworth

Of autopsy: .....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

13. Birthplace: unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. H. H. Felton

(b) Address: Halden mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof: 12-14-47  
(Month) (Day) (Year)

(c) Place: burial or cremation: Halden mo

18. (a) Signature of funeral director: Conrad G. Rapp

(b) Address: Halden mo

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

23. Signature: Wm. W. Hart (M. D. or other) MD  
Address: Med. Dir Gen'l Hosp. Date signed: 12-12-47

19. (a) 12-17-47 (Date received local registrar) (b) Alfredine Holmes (Registrar's signature)

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

MOTHER FATHER

*Dr. B. B. B. B.*

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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 Samuel B. Papp

Licensed Embalmer No. 4044

P. O. Address Holden Md

**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.