

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1382
Registrar's No. 206

Registration District No. 149

Primary Registration District No. 1202

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. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 28 DAYS
(Specify whether years, months or days)
In this community 24 28 DAYS

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. 1529 MONTGALL
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD WILLIAMS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased DECEMBER 8, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 24 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name X 9
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name VIVIAN WILLIAMS

15. Birthplace Mc ALESTER OKLAHOMA
(City, town, or county) (State or foreign country)

16. (a) Informant VIVIAN WILLIAMS (MOTHER)

(b) Address 1529 MONTGALL

17. (a) Burial (b) Date thereof 1-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Lawn

18. (a) Signature of funeral director Red a

(b) Address 110

19. (a) 1-14-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 2,
year 1948 hour 4: minute 30 A. M.

21. I hereby certify that I attended the deceased from DECEMBER 8, 1947 to JANUARY 2, 1948

that I last saw him IM alive on JANUARY 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death DEHYDRATION AND ACIDOSIS Duration _____

Due to DIARRHEA (ETIOLOGY UNDETERMINED)

Due to _____

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

Major findings: Of operations 1190

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? _____

While at work _____ (Specify type of place) (a) Means of injury 0

23. Signature [Signature] (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 1/3/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm A. Schmepp*.....

Licensed Embalmer No. *3089*.....

P. O. Address *15 C MO*.....

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.