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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33167

Primary Registration District No. 1002

Registrar's No. 4155

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: 1522 Lydia
(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)
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1522 Lydia Ave.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Robert Williams

3. (b) If veteran, name war No

3. (c) Social Security No. 487-34-3938

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 30, 1888 (Month) (Day) (Year)

8. AGE: Years 60 | Months 4 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Lexington, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business ____

FATHER
12. Name James Williams
13. Birthplace Lexington, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Diesey
15. Birthplace Lexington, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Williams
(b) Address 1108 Freeman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

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

19. (a) 10-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Deputy, 19__ to Corone, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Gun Shot Wound of Head

Due to ____

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

Major findings:
Of operations 164C

Of autopsy Same as above

Duration

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) Suicide 123

(b) Date of occurrence 10-8-48

(c) Where did injury occur? K.C. Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 1522 Lydia
(Specify type of place)

While at work? ____ (e) Means of injury Gun Shot

23. Signature J. R. Williams (M. D. or other) Ave.

Address 2636 Brooklyn Date signed 10-11-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed I. Jerome Manlove

Licensed Embalmer No. 399

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.