

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1463

State File No.

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>182</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1522 E. 31 St.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>Edward</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Williams</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>1 13 1949</u>	
7. SEX <u>Male</u>		8. COLOR OR RACE <u>White</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		10. DATE OF BIRTH <u>1-13-49 8-15-1872 76</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>		12. KIND OF BUSINESS OR INDUSTRY _____		13. BIRTHPLACE (State or foreign country) <u>Michigan</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. FATHER'S NAME <u>Unknown</u>		16. MOTHER'S MAIDEN NAME <u>Unknown</u>		17. NAME OF HUSBAND OR WIFE <u>Mrs. Ella Williams</u>			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		19. SOCIAL SECURITY NO. <u>unknown</u>		20. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Williams, 1522 E. 31st. St.</u>			
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		22. MEDICAL CERTIFICATION				23. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hypertensive cardiovascular disease</u>					
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Uremia</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>443</u>					
24. DATE OF OPERATION _____		25. MAJOR FINDINGS OF OPERATION _____				26. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
27. ACCIDENT SUICIDE HOMICIDE (Specify) _____		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		29. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
30. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR? _____			
33. I hereby certify that I attended the deceased from <u>Jan. 3, 1949</u> , to <u>Jan. 13, 1949</u> , that I last saw the deceased alive on <u>Jan. 13, 1949</u> , and that death occurred at <u>11:05 A.M.</u> , from the causes and on the date stated above.							
34. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				35. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>		36. DATE SIGNED <u>1-14-49</u>	
37. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		38. DATE <u>1-14-49</u>		39. NAME OF CEMETERY OR CREMATORY _____		40. LOCATION (City, town, or county) (State) <u>De Soto, Missouri</u>	
41. DATE REC'D BY LOCAL REG. <u>1-14-49</u>		42. REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		43. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Freeman Mortuary, Kansas City, Mo.</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Amos C. Wedelin

Signed _____
Student Embalmer

Licensed Embalmer No. 3495

P. O. Address A. 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.