

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17010**
2082

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 15 yrs.		d. STREET ADDRESS (If rural, give location) 1414 Highland 3268	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1414 Highland			

3. NAME OF DECEASED (Type or Print) **Julia Williams**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH **May 2, 1950**
(Month) (Day) (Year)

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2**

8. DATE OF BIRTH **April 6, 1871** 9. AGE (In years last birthday) **79**

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Jefferson City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Peter Graham** 13b. MOTHER'S MAIDEN NAME **Sarah** 14. NAME OF HUSBAND OR WIFE **Anderson Williams**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **No**

17. INFORMANT'S SIGNATURE OR NAME **Carrie Douglas** ADDRESS **1414 Highland**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		794 X	

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2/1**, 19**50**, to **4/24**, 19**50**, that I last saw the deceased alive on **4/24/50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **K. J. Haugh Sr.** (Degree or title) _____ 23b. ADDRESS **2200 East 18th Street** 23c. DATE SIGNED **5/5/50**

24a. BURIAL CREMATION (REMOVAL) (Specify) **Burial** 24b. DATE **5/6/50** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Jefferson City, Missouri**

DATE REC'D BY LOCAL REG. **5-5-50** REGISTRAR'S SIGNATURE **Sheraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Watkins Bros.** ADDRESS **1729 Lydia**

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Jessie Manland*

Signed.....
Student Embalmer

Licensed Embalmer No. 3994

P. O. Address 2513 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.