

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 7715 Ward Parkway

3. NAME OF DECEASED
a. (First) Gregory b. (Middle) Guy c. (Last) Williams

4. DATE OF DEATH June 3 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Sept. 4, 1884

9. AGE (In years last birthday) 65

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Stationer

11. KIND OF BUSINESS OR INDUSTRY Market Service

12. BIRTHPLACE (State or foreign country) Bolivar, Missouri

13. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Williams

13b. MOTHER'S MAIDEN NAME Mary Louise Covington

14. NAME OF HUSBAND OR WIFE Okla L. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Okla L. Williams ADDRESS 7715 Ward Parkway

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bronchus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

163*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) m.

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 Feb. 4th, 1950, to June 2nd, 1950, that I last saw the deceased alive on June 2nd, 1950, and that death occurred at A.m., from the causes and on the date stated above.

23a. SIGNATURE R. O. Williams (Degree or title) M.D.

23b. ADDRESS 1310 Bryant Bldg. K.C. Mo.

23c. DATE SIGNED 6/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 5, 1950

24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 6-5-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE 331 Brush Creek Kan. City, Mo. O.K. Newcomer

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.....

D. L. Daniel

Signed.....

Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address.....

Kansas City, 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.