

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33782

BIRTH NO. 74551-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. 4201

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) 1 yr		d. STREET ADDRESS (If rural, give location) 2814 Highland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) INFANT			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 29 1950		
a. (First) WILLIAMS	b. (Middle)		c. (Last) WILLIAMS		
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPTEMBER 28 1950	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIE WILLIAMS		13b. MOTHER'S MAIDEN NAME VIRGINIA Barton		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIRGINIA WILLIAMS 2814 Highland Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATUREITY (1 lb. 11 oz)			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-29, 19 50, to 9-29, 1950, that I last saw the deceased alive on 9-29, 19 50, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE OF Frank Ellis MD (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 10-3-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-6-50		24c. NAME OF CEMETERY OR CREMATORY Rede Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Jackson MO	

DATE REC'D BY LOCAL REG. 10-4-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. C. MO	
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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

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Anna Schuyler

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *TCMO*

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.