

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31931

State File No. 4197

No. 300

10.48

RECEIVED OCT 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write BURAU and give town) Kansas City c. LENGTH OF STAY (in this place) 30 yrs		2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write BURAU and give township) Kansas City d. STREET ADDRESS (If rural, give location) 2207 1/2 E. 9th St.	
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3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) Williams c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23 1952
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Sept 25, 1895	9. AGE (In years, last birthday) 56 if UNDER 1 YEAR: Months Days if UNDER 11 HRS: Hours Min.
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10a. USUAL OCCUPATION (Type kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Pine Bluff, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sam Young	13b. MOTHER'S MAIDEN NAME Louise Matthews	14. NAME OF HUSBAND OR WIFE G. Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <del>known</del> unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME (John Williams) ADDRESS 3230 Victor
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease  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 type="checkbox"/>
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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 \_\_\_\_\_, 1950, to 23 Sept, 1952, that I last saw the deceased alive on 30 Aug., 1952, and that death occurred at 1 AM, from the causes and on the date stated above.

23a. SIGNATURE George H. Tefft (Degree or title) M.D.	23b. ADDRESS K. C. Mo.	23c. DATE SIGNED 9/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/27/52	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 9-25-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manovero Williams 1729 Lydia
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(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.

Student .....

Student Embalmer .....

Signed \_\_\_\_\_

*J. J. Manlove*

Licensed Embalmer No. 3994

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.