.300
.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39349

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5384

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (In this place): 20 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wheatley Provident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Jackson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 38

d. STREET ADDRESS (If rural, give location): 34 0 801 E. 24th St.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Emma Williams

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12, 1953

5. SEX: Female 3

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Nov. 21, 1902

9. AGE (In years last birthday): 50 If under 1 year: Months Days If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Rose Cafeteria

11. BIRTHPLACE (City and State or Foreign Country): Louisville, Kentucky 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Rev. Arthur Brown

13b. MOTHER'S MAIDEN NAME: Bertha McBeth

14. NAME OF HUSBAND OR WIFE: Robert Williams

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

16. SOCIAL SECURITY NO.: 495-07-8632

17. INFORMANT'S SIGNATURE OR NAME: Robert Williams ADDRESS: 801 E. 24th St.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) I Perforated duodenal ulcer with generalized peritonitis.

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.* II T.B. right kidney (old) III Pneumonia, lobar, bilateral

INTERVAL BETWEEN ONSET AND DEATH: 541A

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES [X] 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. None

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* Nov. 12, 1953, *to* Nov. 12, 1953, *that I last saw the deceased alive on* Nov. 12, 1953, *and that death occurred at* 2:31 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Irving A. Wien I.A. Wien, M.D.

23b. ADDRESS: 321 Argyle Bldg., K.C. Mo.

23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-13-53

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): Louisville, Kentucky

DATE REC'D BY LOCAL REG.: 11-13-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Watkins Bros. 18th & Benton

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wiser

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 Bruce R. Whitehead

Licensed Embalmer No. 4500

P. O. Address 18th & Beaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.