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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** MAR 13 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. **5946**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1050

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2827 Lister  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 5 Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. 2827 Lister  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BARBARA WILLIAMS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Griff. Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10 15 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 4 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Center Town Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name James Chambers

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Liza Wells

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Blaisdell

(b) Address 2827 Lister

17. (a) Removal (b) Date thereof Feb. 28 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 2-28-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 28th. year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 10 1946 to Feb. 28 1946

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Tobac meningitis **12/3/46**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Fractured left hip Dec 3, 46  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration **12/3/46**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident **123**

(b) Date of occurrence 12-3-46

(c) Where did injury occur? W. C. Jackson, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? no (Specify type of place) (a) Means of injury fall

23. Signature [Signature] (M. D. or other) **10**

Address 112 [Address] Date signed 2/28/46

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

MOTHER FATHER

*Walter Spill*

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Joe B. Yoder* .....  
Licensed Embalmer No..... *4173* .....  
P. O. Address..... *K.C. 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.**