

FILED MAR 3 1945  
1945MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5382

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 729

## 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:  
General Hospital  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 6 days  
(Specify whether
- In this community 20 years  
(years, months or days)

3. (a) PRINT FULL NAME Ervin Columbus Williams3. (b) If veteran, name war XX 3. (c) Social Security No. 350-01-68764. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced single6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years7. Birth date of deceased December 14 1905  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
39 1 28 26 hr. min.9. Birthplace California Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation weaver

11. Industry or business

12. Name Thomas Griffin Williams13. Birthplace Mo. Cole County  
(City, town, or county) (State or foreign country)14. Maiden name Barbara Rachael Chambers15. Birthplace Missouri Cole County  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. F. C. Blaisdell(b) Address 4710 East 27th Street17. (a) removal (b) Date thereof Feb. 12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation xxxxx California, Mo. (Old Town18. (a) Signature of funeral director BENTLEY MORTUARY(b) Address 5811 Troost19. (a) 2-13-45 (b) N. E. Brown  
(Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
- (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")
- (d) Street No. 4710 East 27th Street  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10  
year 1945 hour minute M.21. I hereby certify that I attended the deceased from  
1945 to Feb 11 1945  
that I last saw him alive on Feb 1, 1945  
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis Duration

Due to.....

Due to.....

Other conditions 13 8'  
(Include pregnancy within 3 months of death)Major findings: PHYSICIAN  
Of operations

Of autopsy

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

- (a) Accident, suicide, or homicide (specify).....
- (b) Date of occurrence.....
- (c) Where did injury occur?.....  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (Means of injury)

23. Signature N. E. Brown (M. D. or other)  
Address 612 Professional Date signed.....

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

Rev. 6-17-39  
1 x 19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Lyle G. Willits  
Professional Bldg.  
VI. 1105

0-0-0-0-0

20 27  
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**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 Mat M. Shudchik

Licensed Embalmer No. 4387

P. O. Address Kansas City, Kansas

**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, above space should be left blank.**