

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: 5340 Euclid ave
 (d) Length of stay: In hospital or institution. Unknown
 In this community Unknown

3. (a) PRINT FULL NAME Charles H. Williams
 3. (b) If veteran, name war 20
 3. (c) Social Security No. 452

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased 1852

8. AGE: Years 87 Months 7 Days 12
 If less than one day hr. min.

9. Birthplace Indiana

10. Usual occupation None

11. Industry or business

FATHER { 12. Name Andrew Williams
 13. Birthplace Unknown
 MOTHER { 14. Maiden name Benjamin
 15. Birthplace Unknown

16. (a) Informant's own signature Frank Williams
 (b) Address 5340 Euclid ave

17. (a) Burial (b) Date thereof April 16, 1940
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. A. ...
 (b) Address 2512 Holmes St

19. (a) 4-16-40 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 5340 Euclid
 (e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
 year 1940 hour 1 minute 30 A.M.
 21. I hereby certify that I attended the deceased from April 11, 1940, to April 13, 1940,
 that I last saw him alive on April 13, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis
 Due to 90

Other conditions Toxemia
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: ✓
 - Of operations ✓
 Of autopsy ✓
 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) ✓
 (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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature D. M. Colman (M. D. or other) ✓
 Address 3850 Brooklyn Date signed 4/15-40

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.