

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

48
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8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
A.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Born 5-23-41
0 (Specify whether years, months or days)
 In this community 0 years, months or days

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. 4222 Spruce (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes name country _____

3. (a) PRINT FULL NAME Williams infant
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 23rd
 year 1941 hour 1 minute 07 P. M.
 21. I hereby certify that I attended the deceased from 5-23-41 1941
5-23-41 to 5-23-41 1941
 that I last saw her alive on 5-23-41 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 23rd 1941
 (Month) (Day) (Year)

Immediate cause of death _____ **Duration**
Prolonged labor, face presentation
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy See above

8. AGE: Years _____ Months _____ Days _____ If less than one day Few minutes min.
 9. Birthplace Kansas City Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation None

MOTHER FATHER
 11. Industry or business _____
 12. Name Cscar Williams
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Knave
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
 (b) Address K.C. Gen. Hospital
 17. (a) Burial (b) Date thereof 7-3-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Deeds
 18. (a) Signature of a deputy director Johnnie
 (b) Address City
 19. (a) 7-2-41 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

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) Means of injury _____
 23. Signature Drury R. Jones (M. D. or other) D
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

367 (Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.