

FILED NOV 13 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 3238

1. PLACE OF DEATH: **Jackson**
 (a) County: **Jackson**
 (b) City or town: **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
131 N. Oakley
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **25 Years** / (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME: **FANNIE GLOVER WILLIAMS**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Fe.** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife: **Wm. H. Williams**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Oct. 17, 1860**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	11	16	hr. min.

9. Birthplace: **Kentucky** (City, town, or county) (State or foreign country)

10. Usual occupation: **Homemaker**

11. Industry or business _____

MOTHER FATHER { 12. Name: **Jas. H. Webb**

13. Birthplace: **Kentucky** (State or foreign country)

14. Maiden name: **Catherine Crand**

15. Birthplace: **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant: **Moses Williams**

(b) Address: **131 N. Oakley**

17. (a) **Burial** (b) Date thereof: **Oct. 6, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Moriah**

18. (a) Signature of funeral director: **C. H. BLACKMAN & SON, INC.**

(b) Address: **2825 Indep. Blvd. K. Mo.**

19. (a) **10/6/41** (b) **W. M. Crowe**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **Jackson** 048
 (c) City or town: **Kansas City** 3
 (If outside city or town limits, write "RURAL") 8
 (d) Street No.: **131 N. Oakley**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **3**
 year **1941** hour **4** minute **30** p.m.

21. I hereby certify that I attended the deceased from **Sept 16, 1941**, to **Oct 3, 1941**
 that I last saw her alive on **10/3/41**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **myo carditis**

Due to: **Carcinoma of Cervix**
(From History about 3 years)

Due to: _____
 Other conditions: **10/3/41**
 (Include pregnancy within 3 months of death)

Major findings: **486**
 Of operations: _____
 Of autopsy: **no**

Duration
 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) _____
 (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)
 23. Signature: **J. P. [Signature]** (e) Means of injury: **T**
 Address: **1033 Grand R.C.M.O.** (M. D. or other)
 Date signed: **10/4/41**

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

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 W. D. Blackman

Licensed Embalmer No. 3639

P. O. Address F. C. Mo

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

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