

FILED MAY 12 1942
 Registration District No. 399

Primary Registration District No. 1002

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:
808 East Armour Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 32 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Johnson
 (c) City or town Merriam
(If outside city or town limits, write "RURAL")
5808 Loma Lane
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Edward Williams
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Elizabeth Williams 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased February 8, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	2	12	_____ hr. _____ min.

9. Birthplace Johnstown, Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Head Roller-Retired
Sheffield Steel Corp.

11. Industry or business _____
 12. Name Henry Williams
 13. Birthplace No record No Record
(City, town, or county) (State or foreign country)
Isabelle Sharrets
 14. Maiden name _____
 15. Birthplace No record No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edward Harris
 (b) Address 5808 Loma Lane, Merriam, Kas

17. (a) Burial (b) Date thereof Apr. 22-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Gates Funeral Home
1901 West 41st St.
 (b) Address _____

19. (a) 4-21-42 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 20
 year 1942 hour 8:30 minute PM M.
 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis of the liver

Due to _____ 124

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy See above
 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 OBETA _____ (If D. of other) _____
 Address _____ Date signed 4/20/42

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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.....

Thomas E. Junk

Licensed Embalmer No.

3775

P. O. Address.....

A. 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.