

48  
3  
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:  
None 1314 Grand  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 616 West 13th  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Walter A Williams

3. (b) If veteran, name war Mexican

3. (c) Social Security No. 495-07-8448

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1942 hour 1 minute 52 PM

21. I hereby certify that I attended the deceased from 10 April 1942 to 18 May 1942  
that I last saw live and that death occurred on the date and hour stated above.

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Williams

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 7 1887  
(Month) (Day) (Year)

Immediate cause of death:  
Acute myocardial infarction (PT)  
Coronary thrombosis  
940

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

54 11 11 hr. min.

9. Birthplace Boston Mass  
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business Iron Worker

12. Name Joseph Williams

13. Birthplace Maine Maine  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Fleming

15. Birthplace Nova Scotia  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Williams

(b) Address 616 West 13th St.

17. (a) Burial (b) Date thereof May 20-42  
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills KCKO

18. (a) Signature of funeral director Steinbacher

(b) Address 3146 Main St.

19. (a) 5-20-42 (b) M. M. Crane  
(Date received local registrar) (Registrar's signature)

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?  
While at work 0 (Specify type of place) (e) Means of injury 0

23. Signature Russell (M. D. or other)  
Address KC Date signed.....

Mc

501

SEP 16 1942

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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. H. Tenbacher  
Licensed Embalmer No. 3930  
P. O. Address K. O. No.

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.