

D MAR 11 1943

Registration District No. 72

Primary Registration District No. 5289

State File No.

Registrar's No. 12

1. PLACE OF DEATH:

(a) County. Clay  
(b) City or town. North Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural RFD #10 - H. O'Brien sup  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clay  
(c) City or town. North Kansas City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #10 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Jennie L. Williams

3. (b) If veteran, name war. -- 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John J. Williams 6. (c) Age of husband or wife if alive. Dec. years

7. Birth date of deceased. Sept. 17, 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation. Housewife  
At Home

11. Industry or business.

12. Name. Joseph Brown 13. Birthplace. Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Bagus 15. Birthplace. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Grace Moad.  
(b) Address. RFD #10 North K.C. Mo.

17. (a) Removal (b) Date thereof. Feb. 21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Logan, Iowa

18. (a) Signature of funeral director. Sheil Funeral Home  
(b) Address. 6606 Inden. Ave. K.C. Mo.

19. (a) Feb 20-43 (b) Ruth N. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Feb day. 19  
year. 1943 hour. 11 minute. 9 M.

21. I hereby certify that I attended the deceased from 10:00 to 19:43 on 2-19, 1943

that I last saw him alive on 2-18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis

Due to Coronary occlusion

Due to Coronary occlusion

Other conditions. (Include pregnancy, within 3 months of death)

Major findings: Of operations. 938

Of autopsy.

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?

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

23. Signature. Russell E. Wadge (M. D. or other)

Address. North K.C. Mo. Date. 2/19/43

1021

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed

3-10-43

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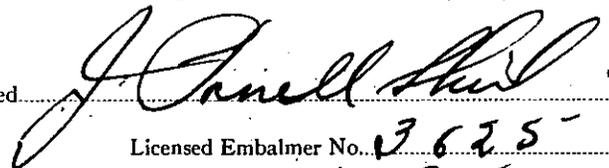
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..

3625

P. O. Address.....

H. C. M.

**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.