

D MAR 20 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution 2234 Lester
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, write street number or location
In this community 32 yrs. (Specify whether 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. 2234 Lester (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Franklin Williams
(b) If veteran, name war no
(c) Social Security No. 493-12-6915

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 7 year 1943 hour 8 minute 58 A.M.
21. I hereby certify that I attended the deceased from March 3rd 1943, to March 6 1943; that I last saw him alive on 3-6 1943; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Williams
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb 25 1868
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chronic
Nephritis Chronic
Enlarged Prostate
Due to Senile Pama.
Due to 131B

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>0</u>	<u>12</u>
				hr. _____ min.

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

10. Usual occupation Operator op.

11. Industry or business Felts Smith

12. Name Charles Williams

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

14. Maiden name Margaretta Williams

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

16. (a) Informant Mrs. Adda Williams
(b) Address 2234 Lester

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. P. Foster
(b) Address 918 Brooklyn, K. C. Mo.
19. (a) 3-8-43 (Date received local registrar) (b) H. M. Crowe (Registrar's signature)

Other conditions (include pregnancy within 5 months of death) _____
Major findings: Of operations _____
Of autopsy none

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 Bruce E. Hodges (M. D. or other) Address North Kansas City Mo. Date signed 3-8-43

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

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

Mr. Stewart
m.r.e. - present by
No. 4312

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 *Denzil C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *H. E. 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.