

JUN 7 1943
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2445

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:
3337 Tracy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether
 In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3337 Tracy
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Katherine Sophrinia Williams

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

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

6. (b) Name of husband or wife Levi Williams 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased September 1 1977
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 26 ..hr. ..min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Over Beck

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

14. Maiden name Adkins

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

16. (a) Informant Lillian Hird,

(b) Address 3337 Tracy, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza K. C., Mo.

19. (a) 5-28-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
 year 1943 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from May 4th to May 27th 1943
 that I last saw her alive on May 26th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo carditis + ends carditis with deceleration
 Due to Hy pertension

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) 93.0

Major findings:
 Of operations
 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 S. J. Turson, M.D. (M. D. or other) 5/28/43
 Address 1734 Professional Bldg Date signed.....

Dr. Tarson, Vi 4222
in 1 pm 5-28-43

2457

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 J. Edwin Sheppard
Licensed Embalmer No. 4179
P. O. Address K. C. Ind.

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.