

Registration District No. JUN 7 1943

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:  
1323 Jackson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  
77 years (Specify whether  
in this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1323 Jackson 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Viola J. Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col

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

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

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

7. Birth date of deceased July 13, 1865  
(Month) (Day) (Year)

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

77 9 18 hr. min.

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

10. Usual occupation Founder and Director of

11. Industry or business Maids School

12. Name \_\_\_\_\_

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

14. Maiden name Crossna Ann  
(City, town, or county) (State or foreign country)

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

MOTHER FATHER

16. (a) Informant Edith Williams

(b) Address 1323 Jackson

17. (a) burial (b) Date thereof 5/4/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Chatham Bros.

(b) Address 1729 Lydia

19. (a) 5-4-43 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 23 1943 to May 1 1943  
that I last saw her alive on April 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to arterio-sclerosis

Due to 7 83a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 plant)  
\_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. C. Smith (M. D. or other) \_\_\_\_\_  
Address 1729 Lydia Date signed 5/4/43

**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..... *Jerome Manlove* .....

Licensed Embalmer No. *3994* .....

P. O. Address *2513 Highland* .....

**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.**