

ED JUL 13 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2920

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:
3812 Bell Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution. --- (Specify whether
in this community 50 Years
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. 3812 Bell Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ---

3. (a) PRINT FULL NAME Mr. Arch DeWitt Williams

3. (b) If veteran, name war No 3. (c) Social Security No. 110-10-9815

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

6. (b) Name of husband or wife Mrs. June J. Williams 6. (c) Age of husband or wife if alive. 50 years

7. Birth date of deceased June 19 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 0 10 hr. min.

9. Birthplace Louisburg Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business Gerhaar Uniform Company

12. Name Henry A. Williams

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

14. Maiden name Alice Wilson

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

16. (a) Informant June J. Williams
(b) Address 3812 Bell

17. (a) Burial (b) Date thereof 7-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-30-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1943 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5-15
1943 to 29 1943
that I last saw him alive on 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
second coronary occlusion Duration 10 hours

Due to primo coronary occlusion Sma

Due to 94a

Other conditions: (Include pregnancy within 3 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 Paul B. Brown (M. D. or other) MD
Address 924 Prof. Bldg. Date signed 6-29-43

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

MOTHER FATHER

924 Professional
11-12

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address R. C. Mo.

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.