

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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community unknown

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. 6020 Elmwood
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mable Williams

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 27 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 37 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business same

12. Name John Harris

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

14. Maiden name Joseph Williams

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

16. (a) Informant Jess Jones

(b) Address 6020 Elmwood

17. (a) Burial (b) Date thereof 6/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington Cem

18. (a) Signature of funeral director James Mayberry

(b) Address Lin + S Line

19. (a) 6-29-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 1943
 year 1943 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 18 1943 to June 22 1943;
 that I last saw h. er alive on June 22 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation

Due to _____

Due to asc

Other conditions (include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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)

Means of injury _____

23. Signature Dwight R. Phorn (M. D. or other) _____

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Ray E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

KC 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.