

Registration District No. **149**

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days
(Specify whether unknown)

In this community unknown
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. 2629 Forest
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Williams, Lloyd George

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Williams 6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased April 16 - 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Iron worker

11. Industry or business _____

12. Name Wm. C. Williams

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

14. Maiden name Miss Sullivan

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

16. (a) Informant Rec'd Clerk

(b) Address R. C. Summert

17. (a) Burial (b) Date thereof 10-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director Wm. C. Brown

(b) Address City, Missouri

19. (a) 10-6-43 (b) Wm. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 28th, 1943 to Sept. 26th, 1943
that I last saw him alive on Sept. 26th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____
Due to 107

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

Major findings:
Of operations _____

Of autopsy See above

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? _____

23. Signature Wm. C. Brown (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 9-27-

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.....

Licensed Embalmer No.....

P. O. Address.....

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.