

FILED NOV 1 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
2712 East 73rd. 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 40 yrs years, months or days

3. (a) PRINT FULL NAME David Williamson

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

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

6. (b) Name of husband or wife Isabelle F. Williamson 6. (c) Age of husband or wife if alive \* years

7. Birth date of deceased August 2 1853  
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Stone mason

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name George D. Williamson  
13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Catherine Smith  
15. Birthplace Pa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vincent J Malone  
(b) Address 2712 E. 73 St

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof Sept. 11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address Kansas City, Missouri

19. (a) 10-8-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2712 East 73rd. Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th.  
year 1943 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct 2  
1943 to Oct 6 1943  
that I last saw h.e. alive on Oct 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Cerebral hemorrhage

Due to Senility

Other conditions g301  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy no

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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) Do  
Address 2712 E. 73rd St Date signed 10/7/43

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

Dr. H.O. Pence 2722 Prospect

lin 1285

**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.....

working under my personal supervision.

Registered Apprentice No.....

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.**