

FILED DEC 22 1943
Registration District No. 220920

Primary Registration District No. 5963

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural, May 2nd

(c) Name of hospital or institution: Home Parkville, Mo
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 8 years
(If not in hospital or institution, write street number or location)

In this community 8 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte 83

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

(d) Street No. Parkville, Mo R. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) FULL NAME FRANK-LOUIS-WILLIAMS

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th
year 1943 hour 7:00 minute 2 M.

4. Sex M 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug. 29 - 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 19, 1943 to Nov 19, 1943
that I last saw him alive on Nov 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

8. AGE: Years 51 Months 2 Days 20
If less than one day hr. min.

Due to _____

Due to _____

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

Other conditions 93e!
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Andrew Williams

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

14. Maiden name Betty Dunham

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Andrew Williams

(b) Address Parkville Mo R. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

18. (a) Signature of funeral director Morton Farnese Rome

(b) Address North Kan City Mo

19. (a) Nov. 21-43 (b) Mrs. Clay Hifflee
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) (e) Means of injury None

23. Signature W. J. Moore (M. D. or other) Coroner
Address Dearborn Mo Date signed 11/19/43

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

RECEIVED

District Health Officer No. Platt
District File Number 12-43-104
Date Filed 12-1-43

DEC-13 1943

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 John S. Morton
Licensed Embalmer No. 4349
P. O. Address 20 K. C. Ave

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.