

FILED MAY 5 1944
Registration District No. 109

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:
3612 VIRGINIA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 5 MONTHS

3. (a) PRINT FULL NAME MISS ELIZABETH WILLIAMSON
(b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased FEBRUARY 24 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 1
If less than one day hr. _____ min. _____

9. Birthplace PORT KENNEDY PENNSYLVANIA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name ANDREW WILLIAMSON
13. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)
14. Maiden name NANCY CADDY
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HARRY T. LUKERT
(b) Address 3612 VIRGINIA AVENUE

17. (a) BURIAL (b) Date thereof APRIL 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SABETHA, KANSAS

18. (a) Signature of funeral director D. F. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-26-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 3612 VIRGINIA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25TH
year 1944 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 1
1944 to Apr 25, 1944
that I last saw her alive on April 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral Insufficiency
Due to Hemiplegia 2 years

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

Major findings:
Of operations 925
Of autopsy _____
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?

While at work? _____
(Specify type of place) (c) Means of injury _____
23. Signature Carole J. Brown (M. D. or other) _____
Address 11032 Date signed 4-26-44

1105 case Amman
11-4

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..... *E. O. Horkay*
Licensed Embalmer No. *1769*
P. O. Address *Kansas City 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.