

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4209 E 9th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 month**
 (Specify whether years, months or days) **66 yrs**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Jackson**
 (c) City or town **Kansas**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4209 E 9th St**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Chas E Williams**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **487-050 4649**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **30**
 year **1945** hour **12** minute **11 A.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Pearl** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **August 21, 1878**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Carson** 19____ to _____ 19____
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	66	8	6	hr. _____ min. _____

Immediate cause of death **Coronary Occlusion**
 Due to **Arterio-sclerosis**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **94a**

9. Birthplace **MO** (City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer**

Major findings:
 Of operations _____
 Of autopsy **Insufficient history & inspection**

MOTHER FATHER
 11. Industry or business **Sheffield Steel**
 12. Name **John W. Williams**
 13. Birthplace **MO** (City, town, or county) (State or foreign country)
 14. Maiden name **Frances Owens**
 15. Birthplace **MO** (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **James W. Williams**
 (b) Address **Oak Grove, Mo.**
 17. (a) **Cremation** (b) Date thereof **5/1/45**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood Cemetery**

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? _____

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc**
 (b) Address **Kansas City, Mo.**
 19. (a) **5-2-45** (b) **Sheraldine Holmes**
 (Date received local registrar) (Registrar's signature)

23. Signature **Jamie Walker** (M. D. or other) **Carson**
 Address **1424 Poplar St** Date signed **4-30-45**

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

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 *Frances Walton*

Licensed Embalmer No. *2744*

P. O. Address *15, C. 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.