

FILED FEB 11 1946

Registration District No. 149

Primary Registration District No. 1002

488

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: Char 709 Washington, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community since 1905 years, months or days)

3. (a) PRINT FULL NAME Charles Dell Williams

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 68 Months 68 Days 68 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business X

MOTHER FATHER

12. Name William Williams
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Matilda Catherine Jacks
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Frank A. Williams,
(b) Address 6 8th St., Pelham, New York,

17. (a) removal (b) Date thereof 1-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe, Kansas,
Stine & McClure,

18. (a) Signature of funeral director
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 1-29-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Washington, 8
(If rural, give location) 0
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1946 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 28 1946 to Jan 28 1946; that I last saw him alive on Jan 28 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis
Due to arterio-sclerosis

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 107

Of operations
Of autopsy no
Arterio-sclerosis

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 Charles Dell Williams (M. D. or other)
Address 1924 W. 11th Date signed 1-28-46

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

1325

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 Robert K Reed

Licensed Embalmer No. 3745

P. O. Address. NYC 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.