

No. 2
M-2-43
5-17-39
X35897

ED JAN 31 1946
Registration District No.

Primary Registration District No. 1002

Registrar's No. 5442

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:
1912 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C. Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1912 Troost
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Eggie Williams

3. (b) If veteran, name war no

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1945 hour 6 minute 30 P.M.

4. Sex Fe 5. Color or race Col

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

6. (b) Name of husband or wife John Williams

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

7. Birth date of deceased: Mar. 10 1884
(Month) (Day) (Year)

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

Immediate cause of death: Thrombotic Heart Disease

Duration _____

8. AGE: Years Months Days If less than one day

61 9 12 hr. min.

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) 932

10. Usual occupation House work

Major findings: Of operations _____

11. Industry or business At home

Of autopsy No - Permit

12. Name Wesley Bell

Underline the cause to which death should be charged statistically.

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

14. Maiden name Martha Joiner

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

16. (a) Informant Henrietta Kingston Morris

(b) Address 3611 Topping

17. (a) Burial (b) Date thereof 12-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlands

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 12-29-45 (b) Thereldine Tolman
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury Deputy Crow

23. Signature W. Williams (M. D. or other) _____
Address 2636 Brooklyn Date signed _____

12-29-45

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

100430

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 J. T. Moore
Licensed Embalmer No. 948
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.