

**FILED** AUG 27 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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:  
General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Minutes  
(Specify whether years, months or days) In K C Kans life

3. (a) PRINT FULL NAME MRS. HELEN WILLIAMS

3. (b) If veteran, name war No 3. (c) Social Security No. 510-52-7163

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Eugene Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 31 1902  
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Joplin Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas Bromaly /

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

14. Maiden name Lucille Ricklin

15. Birthplace Adrian County Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Ricklin

(b) Address 702 Shawnee Rd. K. C. Mo

17. (a) removal (b) Date thereof 8/10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem-K. C. Kans

18. (a) Signature of funeral director Simmons F. Home

(b) Address 1404 South 37th K. C. Kans

19. (a) 8-12-46 (b) A. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999  
(c) City or town Kansas City 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 702 Shawnee road 0  
(If rural, give location) 2  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day Aug  
year 1946 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Reptily Broken Duration \_\_\_\_\_

Fractured Neck

Due to Skull Fracture

Due to Street Car &

Other conditions Auto Trauma  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of operations 1703-8  
Of autopsy History & Inspection  
Underline the cause to which death should be ascribed statistically.

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 8/10/46

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) No (Means of injury) Trauma

23. Signature A. E. Walker (M. D. or other) MDP

Address 2800 Main Date 8/10/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
26257

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**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.....

Licensed Embalmer No.....

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.**