

FILED SEP 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4250

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan. City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(Not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No 3910 Benton K. C. Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred Williamson

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Nannie Williamson 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 13 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Cattle Buyer stock yards

12. Name Henry Williamson

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Allen Southern

(b) Address 333 Faust Creek Taux. Ct. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Maple Mo.

18. (a) Signature of funeral director Chas. Mitchell
(b) Address 310 N. Main St. Indes. Mo.

19. (a) 10-8-46 (Date received local registrar) (b) Shelaine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1946 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Oct. 4, 1946 to Oct. 6, 1946 that I last saw him alive on Oct. 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to General Arteriosclerosis

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

Duration

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) (e) Means of injury _____

23. Signature Edward G. Spuhl (M. D. certificate)

Address 240 Ogden Date Oct 8 1946

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

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AUG 20 1947

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry S. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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.