

FILED DEC 9 1946
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4947

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:
Kans. City Mun. Tuberculosis Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo. - 15 da.
(Specify whether years, months or days)

In this community 31 yrs.

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. 1720 Paseo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Williams, Dorothy

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1946 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from August
1946 to November 23, 1946
that I last saw her alive on 11 23
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Negro

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

6. (b) Name of husband or wife William E. Williams

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Dec. 7 1914
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 6 mo

8. AGE: Years 31 Months 11 Days 16
If less than one day .hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 3 1/2

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Edward Grant

13. Birthplace Bonner Springs Kans.
(City, town, or county) (State or foreign country)

14. Maiden name Frieda Brunner

15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant K.C.T.B. Hospital

(b) Address K.C., Mo.

17. (a) Burial (b) Date thereof 11-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Lincoln Cemetery K.C., Mo.

18. (a) Signature of funeral director Fannie M. Meek

(b) Address 1700 E. 18th St., K.C., Mo.

19. (a) 11-25-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? K.C., Mo.

23. Signature [Signature] (Specify type of place) _____
While at work? _____ (e) Means of injury (1)

23. Signature [Signature] (M. D. or other) M.D.
Address Kansas City Mo. Date signed 11-25-46

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

36058

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 9, 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.