

Registration District No. 149

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: 3520 Thompson  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3520 Thompson  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jefferson D. Williams

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

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

6. (b) Name of husband or wife Lula Edmonia Williams 6. (c) Age of husband or wife if alive, 56 yrs. years

7. Birth date of deceased Aug. 10, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Dentist

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

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace A T  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace " T  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula E. Williams  
 (b) Address 3520 Thompson  
 17. (a) Burial (b) Date thereof 11/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Deepwood, Missouri

18. (a) Signature of funeral director Earp & Sons  
 (b) Address 4139 E. 15th. St

19. (a) 11-9-46 (b) Alfredine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th.  
 year 1946 hour 9:1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 6, 1946 to Nov 8, 1946  
 that I last saw him alive on Nov 8, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
 Due to Chr. Interstitial nephritis  
 Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
 Of autopsy None

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?  
(Specify type of place) (e) Means of injury

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury U  
 23. Signature J. J. Sheldon (M. D. or other) \_\_\_\_\_  
 Address 3520 Thompson Date signed 11-9-46

Duration 10 days  
2 yrs.  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

AC MD

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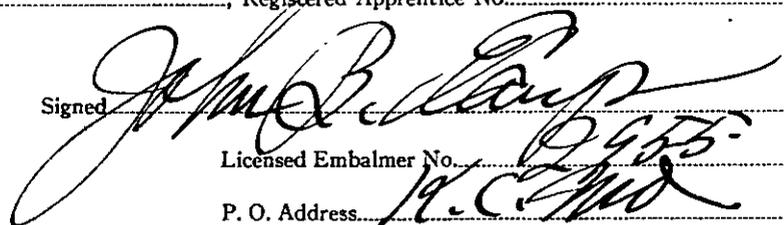
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**STATEMENT BY LICENSED EMBALMER**

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..... 9475

P. O. Address..... W. C. Camp

**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.**