

FILED DEC 9 1946

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 8214 Oak  
(d) Length of stay: In hospital or institution No  
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Jackson - Rural - Kansas City  
(d) Street No. 8214 Oak  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Henry Williams

3. (b) If veteran, name war No 3. (c) Social Security No 442-01-4036

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

6. (b) Name of husband or wife Bessie E. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 20 1903

| 8. AGE:   | Years     | Months    | Days | If less than one day |
|-----------|-----------|-----------|------|----------------------|
| <u>42</u> | <u>10</u> | <u>20</u> |      | hr. _____ min.       |

9. Birthplace Paris Mo

10. Usual occupation Plumber

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

12. Name Charles E. Williams

13. Birthplace Paris Mo

14. Maiden name Clara E. Trimell

15. Birthplace Paris Mo

16. (a) Informant Mrs. Bessie E. Williams

(b) Address 8214 Oak

17. (a) Removal (b) Date thereof Oct 21 1946

(c) Place: burial or cremation Paris Mo.

18. (a) Signature of funeral director Wornall Funeral Home

(b) Address 7406 Wornall Rd.

19. (a) 11/12/46 (b) Len Curtis B. Hedger

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1946 hour 6 P.M. minute \_\_\_\_\_ M.

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

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

Immediate cause of death Respiratory Failure  
Hanging

Other conditions \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy See Above

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

(a) Accident, suicide, or homicide (specify) 10/19/46 Suicide

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Kansas City Mo

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

While at work? No (Specify type of place) \_\_\_\_\_ (e) Means of injury Hanging

23. Signature A. E. Walker (M. D. or other) \_\_\_\_\_  
Address 2800 Main Date 10/21/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36130

136

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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: *Howard J. Roe.*

Licensed Embalmer No. *2748*

P. O. Address. *R. C. 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.**