

No. 2  
12-45  
-17-39  
X47070

FILED JAN 7 1947  
Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
Kansas City

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)

In this community 7 days  
(years, months or days)

3. (a) PRINT FULL NAME Williams infant

3. (b) If veteran, name war child no

3. (c) Social Security No. Child no

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec. 16 1946  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>6</u>	hr. min.

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

10. Usual occupation Child

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

MOTHER FATHER {

12. Name Elmer Williams

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

14. Maiden name Agnes George

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

16. (a) Informant Elmer Williams

(b) Address 3203 White; K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert Funeral Home  
Kansas City, Missouri

(b) Address \_\_\_\_\_

19. (a) 12-24-46 (Date received local Registrar)

(b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 3203 White  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd  
year 1946 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-17-46, 19\_\_\_\_, to 12-22-46, 19\_\_\_\_;  
that I last saw her alive on 12-22-46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 159  
Of operations \_\_\_\_\_

Of autopsy None

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 Wm W Hart (M. D. or other) MD  
Address Med. Dir. K.C. Gen. Hospital Date 12-23-46

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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..... *Blaine E. Weibert*

Licensed Embalmer No. *4075*

P. O. Address..... *Ke 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.**