

No. 2
12-45
17-39
X47070

FILED DEC 19 1946 49
Registration District No. _____

Primary Registration District No. 1002

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

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: 1 day Major Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wade
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 525 So. Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME ELSIE B. WILLIAMS

3. (b) If veteran, name war No
3. (c) Social Security No. No

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

6. (b) Name of husband or wife Claude E. Williams
6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased November 15 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>28</u>	<u>0</u>	<u>20</u>	hr. _____ min.

9. Birthplace Tulsa County, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Don Bowers

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

14. Maiden name Elsie Norris

15. Birthplace 525x8 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Claude E. Williams

(b) Address 525 So. Washington, Lebanon, Mo

17. (a) Removal (b) Date thereof Dec 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

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

(b) Address 2315 Linwood, K. C. 3 Mo

19. (a) 12-6-46 (b) Estherine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1946 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on _____ date and _____ our state above.

Immediate cause of death Deputy Coroner

Broncho pneumonia -

Due to Right

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) _____

(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? e

While at work? _____ (Specify type of place) (Means of injury)

23. Signature A. E. Upsher (M. D. or other) M.D.
Address 2800 Main Date 12/5/46

APR 2 1947

JUL 1 7 1949

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 *Chas E Welks*

Licensed Embalmer No. *2644*

P. O. Address *K @ 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.