

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **2311**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **General Hospital No. 1**
 (d) Length of stay: In hospital or institution **2 days**
 In this community **45 YEARS**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **2626 Walrond**
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **William M. Williams**
 (b) If veteran, name war **No**
 (c) Social Security No. **702-07-7727**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **23**
 year **1947** hour **11** minute **5** A.M.

4. Sex **MALE** **5. Color or race** **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. DORA WILLIAMS**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **NOVEMBER 14 1870**

21. I hereby certify that I attended the deceased from
May 21, 19 **47** to **May 23**, 19 **47**
 that I last saw him alive on **May 23**, 19 **47**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	76	6	9	hr. min.

Immediate cause of death
Cerebrovascular accident
Coronary occlusion with
myocardial infarction

9. Birthplace **MARSHFIELD MISSOURI**
10. Usual occupation **RETIRED - FRISCO**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) **94a**

11. Industry or business **RAILROAD CARPENTER**
12. Name **DAVID WILLIAMS**
13. Birthplace **TENNESSEE**
14. Maiden name **MULDA**
15. Birthplace **TENNESSEE**

Major findings:
 Of operations _____
See above
 Of autopsy _____

16. (a) Informant **MRS. DORA WILLIAMS**
(b) Address **2626 WALROND AVENUE**
17. (a) BURIAL **(b) Date thereof** **MAY 26 1947**
(c) Place: burial or cremation **FOREST HILL CEMETERY**
18. (a) Signature of funeral director **D. H. Newcomer, Sr.**
(b) Address **1401 BUSH CREEK BLVD.**
19. (a) 5-26-47 **(b) Geraldine Holme**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place)
23. Signature **Wm W. Hart** **(M. B. or other)**
Address **Med. Dir. Gen'l Hosp.** **Date signed** _____

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

Dr. Chelmer

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 *Jess News*
Licensed Embalmer No. *4453*
P. O. Address *Kansas City*

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.