

FILED AUG 26 1947
 147

Registrar's No. **3506**

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:
GENERAL HOSPITAL NO. 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 HRS.**
(Specify whether years, months or days)

In this community **plus**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**

(c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **2405 PASEO** **8**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **WILLIAMS**

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

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **27**, year **1947** hour **6:** minute **05 P.** M.

4. Sex **FEMALE** **3** Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **SINGLE**

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

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

7. Birth date of deceased **MAY 27, 1947**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **MAY 27, 1947** to **MAY 27, 1947**, that I last saw **HER** alive on **MAY 27, 1947**, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
			9 hr. 40 min.

Immediate cause of death **CIRCULATORY COLLAPSE**

Due to **PREMATURITY**

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **159**

10. Usual occupation **infant**

MOTHER {

12. Name **LEONARD WILLIAMS**

13. Birthplace **TIPTON MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **GENEVIE FOWLER**

15. Birthplace **OLEAN MISSOURI**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **GENEVIE WILLIAMS (MOTHER)**

(b) Address **2405 PASEO**

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?.....

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-12-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **buried**

18. (a) Signature of funeral director **Wm A. ...**

(b) Address **W.C. ... Hosp**

19. (a) **8-14-47** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **Geraldine Holmes** (M. D. or other) **M.D.**
 Address **GENERAL HOSPITAL NO. 2** Date signed **5/28/47**

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.....

P. O. Address.....

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.