S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28002

Registration District No. 144 — Primary Registration District No. 1002 — Registrar's No. 3611

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: K.C. Gen. Hosp. K.C. Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 23 years years, months or days)

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. 1024½ Troost 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William L. Williams
3. (b) If veteran, name war: no
3. (c) Social Security No. 495-09-1288
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katherine Williams
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Apr. 12 (Month) 1897 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	4	8	hr. min.

9. Birthplace: Kans. (City, town, or county) (State or foreign country)
10. Usual occupation: Painter
11. Industry or business:
MOTHER FATHER
12. Name: Wm E Williams
13. Birthplace: Wales (City, town, or county) (State or foreign country)
14. Maiden name: Ellen Lewis
15. Birthplace: Wales (City, town, or county) (State or foreign country)
16. (a) Informant: Katherine Williams
(b) Address: 1024½ Troost
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mac C. L. Forster
(b) Address: 918 Brooklyn
19. (a) 8-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 20th year 1947 hour 1:00 P.M. minute M.
21. I hereby certify that I attended the deceased from 8-9-47, 19..., to 8-20-47, 19...; that I last saw him alive on 8-20-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of nasopharynx with extension to base of skull	
Due to: with non-epidemic meningitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NONE	
Of autopsy: See above	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Wm E. Hart (M. D. or other) MD
Asst. Med. Dir. K.C. Gen. Hosp. K.C. Mo.
Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Theron R. Redmon

Licensed Embalmer No. 2737

P. O. Address K.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.