

FILED DEC 15 1947

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 5106

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: Research Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 6 hours
(Specify whether years, months or days)

In this community as above
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Lenexa 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no. 2
(Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Miss Maude Williams

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1947 hour _____ minute _____ M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: January 23 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-31, 1947, to 12-1, 1947, that I last saw her alive on 12-1, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 10 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death acute myocardial infarction 36 hrs.

Due to left coronary thrombosis 36 hrs.

Due to arteriosclerosis

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

10. Usual occupation at home,

Other conditions 940
(Include pregnancy within 3 months of death)

11. Industry or business X

12. Name Andrew P. Williams

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

14. Maiden name Martha Harris
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy arteriosclerosis
pulmonary infarct

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant E. A. Logleran

(b) Address Lenexa, Kansas

17. (a) removal (b) Date thereof 12-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe, Kansas
Stins & McClure

18. (a) Signature of funeral director _____

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-4-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no

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

23. Signature Graham Asher (M. D. or other) MD
Address 1220 Professional Bldg Date signed 12-2-47

Dr. Graham
Embalmer
Pittsburg, Mo.

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.