

No. 2  
1-5-43  
1-17-39  
X36671

State File No. ....

FILED FEB 7 1949  
Registration District No. 2989

Primary Registration District No. 1002

Registrar's No. 296

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. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether years, months or days)  
In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City - RURAL 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 67TH & BENNINGTON - R.R. #2 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Viola Williamson

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. JAMES WILLIAMSON  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased DECEMBER 12 1890  
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 14  
If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name SMITH

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

14. Maiden name NANCY

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

16. (a) Informant MR. JAMES WILLIAMSON

(b) Address 67TH & BENNINGTON, R.R. #2, K.C. MO.

17. (c) BURIAL (b) Date thereof JAN. 28 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEM.

18. (a) Signature of funeral director D. A. Newsome's Sons  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-28-48 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26  
year 1948 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Jan. 9 1948 to Jan. 26 1948,  
that I last saw her alive on Jan. 26 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulonephritis with uremia

Due to

Due to

Other conditions: 1318  
(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?

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

23. Signature Wm. W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date 1-27-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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 Edward M. Storey  
Licensed Embalmer No. 4452  
P. O. Address K.C. 4 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.**