

No. 2
12-45
-17-39
X47070

FILED MAY 10 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 521

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 2 M 27 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John H Williams

(b) If veteran, name war: ----

(c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Sing. (1)
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb ? 1844
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days ? If less than one day _____ hr. _____ min.

9. Birthplace: unknown, Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business not given

12. Name John Williams

13. Birthplace unknown, Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace unknown, Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Records Hospital

(b) Address St Joseph Mo

17. (a) Removal (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Sgs., Mo.

18. (a) Signature of funeral director Claude Lush

(b) Address Excelsior Springs Mo

19. (a) 5-6-48 (b) Ed Perkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 4:45 minute 0 M.
21. I hereby certify that I attended the deceased from Feb 6
1945 to May 5, 1948
that I last saw him alive on May 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Endo Renal Disease
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 131A
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Ed Baker (M. D. or other) _____
Address St Joseph Mo. Date signed 5/5/48

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

MOTHER FATHER

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.....

Clarence P. Richard

Licensed Embalmer No. *2751*

P. O. Address.....

Excelsior Springs

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.