

Registration District No. 149

Primary Registration District No. 1002

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: 2512 Belfountain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2512 Belfountain
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3: (a) PRINT FULL NAME Hazel Williams
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4 year 1948 hour 2:30 minute AM M.
21. I hereby certify that I attended the deceased from Deputy Coroner 19 to Coroner 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bamer Williams 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: Feb 22 1980
(Month) (Day) (Year)

Immediate cause of death: Cardiac Failure
Due to Apoplexy
Due to Hypertensive Heart Disease 2 yrs.
Other conditions:
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 4 Days 12 If less than one day hr. min.
9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy no - Permit 193D
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Labor
11. Industry or business Barber
12. Name Alfred Williams
13. Birthplace
14. Maiden name Myrtle Hughes
15. Birthplace
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Burdie Gilpin
(b) Address 2444 Campbell
17. (a) Burial (b) Date thereof 7-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hughland Cem
18. (a) Signature of funeral director H.B. Moore
(b) Address 1820 E 15th St
19. (a) 7-10-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (Specify means of injury)
23. Signature Williams (M. D. or other)
Address 2686 Broadway Date signed

7-9-48

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

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

H.B. Moore

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18th*

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.