

No. 2  
12-45  
17-39  
X47070

FILED SEP 4 1948

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3344

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: ST VINCENT'S Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr 10 min  
(Specify whether years, months or days) 1 hour, 10 min.

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. 3425 Morrell Ave. 8  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THERESE LEE WILLIAMS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a)  Single,  widowed,  married,  divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, years 14 - 1948  
7. Birth date of deceased: 8 (Month) 14 (Day) 1948 (Year)

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

9. Birthplace: KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name ROBT L. WILLIAMS  
13. Birthplace BROKEN BOW, NEBRASKA  
(City, town, or county) (State or foreign country)  
14. Maiden name PAIRISIA BERTOTTI  
15. Birthplace OAKLAND CALIFORNIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address 3210 East 23rd - K.C. Mo.  
17. (a) Burial (b) Date thereof 8-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Melody McGilley Ogler  
(b) Address 1800 Linwood - K.C. Mo.  
19. (a) 8-16-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14  
year 1948 hour 4 minutes 50 P.M.  
21. I hereby certify that I attended the deceased from 8-14-48  
\_\_\_\_\_ 19\_\_\_\_, to 8-14-48, 19\_\_\_\_;  
that I last saw her alive on 8-14-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity (5 mo.)  
Died 1 hr. - 10 min  
Due to: Unknown

Due to: " "

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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: Ford J. Lowmy (M. D. certificate)  
Address: Professional Bldg. NEMO Date signed: 8-15-48

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

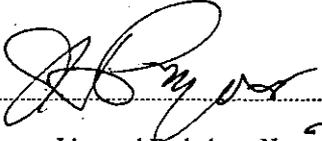
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  


Licensed Embalmer No..... 2009

P. O. Address..... KC

**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.