

DED

Registered **D VS SEP 14 1959**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                    |  | c. CITY OR TOWN <b>Kansas City</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>'HOSPITAL OR INSTITUTION <b>General Hospital #2</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>2926 Belleview</b>   |  |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Infant</b> Middle <b>Williams</b> Last <b>Williams</b> | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>16</b> Year <b>1959</b> |
|--|--|

|                    |                               |   |   |   |
|--------------------|-------------------------------|---|---|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>August 14, 1959</b> | 9. AGE (In years last birthday)<br>IF UNDER 1 YEAR: Months <b>2</b> Days <b>1</b><br>IF UNDER 24 HRS.: Hours <b>20</b> Min. <b>40</b> |
|--------------------|-------------------------------|---|---|---|

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>infant</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b> |
|--|-----------------------------------|--|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <b>Gene Williams</b> | 13b. MOTHER'S MAIDEN NAME <b>Melva Canada</b> | 14. NAME OF HUSBAND OR WIFE <b>none</b> |
|---|---|---|

|   |                                     |  |
|---|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT <b>Melva Williams</b><br>Address <b>2926 Belleview</b> |
|---|-------------------------------------|--|

|  |                  |   |
|--|------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Prematurity.</b> |                  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) _____ |   |
|  | DUE TO (c) _____ |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                    |                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| 19. WERE ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a.m. _____ p.m. _____   |  |
| 20d. INJURY OCCURRED<br>WE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>AT <input type="checkbox"/> AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |
| 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____   |  |

21. I attended the deceased from 8-14-59 to 8-16-59 and last saw her alive on 8-16-59  
Death occurred at 6:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |  |                                 |
|---|--|---------------------------------|
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | 22b. ADDRESS <b>600 E. 22nd Street</b> | 22c. DATE SIGNED <b>8-17-59</b> |
|---|--|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 23a. BURIAL (If cremated, specify)<br><b>burial</b> | 23b. DATE <b>8-28-59</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Linds</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City MO</b> |
|---|--------------------------|---|--|

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR<br><b>Wm. Lohmeyer K C MO</b> | 25. DATE RECD. BY LOCAL REG. <b>8-25-59</b> | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
|--|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  
by me, or by Not Embalmed Student E Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul J. \_\_\_\_\_  
d Embalmer No. \_\_\_\_\_

Licensed Emb \_\_\_\_\_  
Address \_\_\_\_\_  
P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.