

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-040474**

**FILED VS. DEC. 10 1959**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5728

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		a. STATE <b>Kansas</b>		b. COUNTY <b>Wyandotte</b>	
Length of stay in 1b <b>8 mo.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. STREET ADDRESS <b>2501 N. 47th</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1900 Linwood Blvd. (N.H.)</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>ANNA</b>		Middle <b>CAROLINE</b>		Last <b>WILLIAMSON</b>		Month Day Year <b>Nov. 25, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mch. 25, 1872</b>	9. AGE (last birthday) <b>87 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Atchinson, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frederick Kanach</b>		13b. MOTHER'S MAIDEN NAME <b>Wetzel</b>		14. NAME OF HUSBAND OR WIFE <b>William Carl Williamson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Carl Williamson Kansas City, Ks.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b>						<b>8 years</b>	
DUE TO (b) <b>Arteriosclerosis</b>						<b>8 years</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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. 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 Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>7-25-59</b> to <b>11-25-59</b> and last saw her/him alive on <b>11-25-59</b> Death occurred at <b>9:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <b>Frank Paul Laureanza MD</b>				22b. ADDRESS <b>478 S White Ave</b>		22c. DATE SIGNED <b>11-25-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11/27/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Quindaro Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Ks.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Geo. F. Porter &amp; Sons K.C.Ks.</b>				25. DATE RECD. BY LOCAL REG. <b>11-27-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

DOCUMENT

BY AFFIDAVIT OF  
Frank Paul Laureanza  
Medical Certification

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnes  
Kansas City,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.