

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 13 1940

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

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4629

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:  
925 East 9th Street 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution About 20 Yrs. (Specify whether years, months or days)  
 In this community \_\_\_\_\_

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. 925 East 9th Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Chesley M. Williams 452  
 3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 491-03-4087

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12 Day 4 Year 39  
 hour \_\_\_\_\_ minute 30 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Gladys Mae Williams 6. (c) Age of husband or wife if alive 35 years  
 7. Birth date of deceased May 19 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that \_\_\_\_\_ is \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
 Immediate cause of death Acute Coronary Thrombosis  
 Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
59 6 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Supplied Coronary Arteriosclerosis  
 Due to \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer

Other conditions 94  
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
 12. Name Eli D. Williams  
 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Louise Whittenberg  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Gladys Mae Williams  
 (b) Address 925 East 9th Street  
 17. (a) removal (b) Date thereof 12/5/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Springfield, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director R. V. Lindsey & Sons  
 (b) Address 3811 Broadway  
 19. (a) Dec. 5, 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

While at work 4 (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

Ralph Miller....., Registered Apprentice No. 164  
working under my personal supervision.

Signed.....

Ralph Miller  
.....  
Licensed Embalmer No. 3738

P. O. Address R.C. 145

**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, above space should be left blank.**