

MAY 15 1940 399

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

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:  
1514 Michigan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community over 40 years  
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 limit write "RURAL")  
(d) Street No. 1514 Michigan  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Piney Williams 452

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col/ 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown 1872  
(Month) (Day) (Year)

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

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Manalia Joiner  
16. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dora White

(b) Address 1815 East 16th St.

17. (a) burial (b) Date thereof 4/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (e) Signature of funeral director Starkins Bros.

(b) Address 1729 Lydia  
4-25-40  
19. (a) (Data received local registrar) (b) M. M. Browne  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1940 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from 4/8/40, 1940, to 4/22/40, 1940  
that I last saw him alive on 4/22/40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Breakdown

Due to Terminal Broncho

Due to 92% Pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence None

(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 Eugene A. Perry (M. D. or other)  
Address 12140 Vine, K.C., Mo. Date signed 4/23/40

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.....

*Isaac Jerome Maule*

Licensed Embalmer No. 3994

P. O. Address 1125 E 23rd St

**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.**