

No. 2
4-13-40
-17-39
I X2315

Registration District No. 24 1942 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas city

(c) Name of hospital or institution 1617 Campbell St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas city 048
(If outside city or town limits, write "RURAL")

(d) Street No. 1617 Campbell 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 12 years.

3. (a) PRINT FULL NAME Jesse L. Williams

3. (b) If veteran, name war —

3. (c) Social Security 496-07-8487

4. Sex male 2 5. Color Col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sola Williams

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased 6 22 1902
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 8/11 - 1941, to Dec 5, 1941;
that I last saw him alive on Dec 2, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 5 Days 17 If less than one day hr. min.

Immediate cause of death Brain hemorrhage in sphenoid region + back ward infarct of brain tumor Duration 36 hours

Due to cap. non malignant type, with mural drainage through nose

Due to tumor caused which brain pressure + mental disturbance

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

9. Birthplace Spiro Okla 1
(City, town, county) (State or foreign country)

10. Usual occupation laborer

Major findings: 567

Of operations —

Of autopsy —

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

11. Industry or business —

12. Name Hayza Williams

13. Birthplace Tenn. 1
(City, town, county) (State or foreign country)

14. Maiden name Alabama Shouts

15. Birthplace 17 Kansas
(City, town, or county) (State or foreign country)

16. (a) Name Mrs Sola Williams

(b) Address 1617 Campbell

17. (a) Burial (b) Date thereof 12-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director W. B. Moore

(b) Address 1820 E. 13th St

19. (a) Dec 5 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 E. Zilinger (M. D. or other)

Address 720 Argyle Bldg Date signed —

261-5000-1000

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 me

A. B. Moore

Registered Apprentice No.

working under my personal supervision.

Signed A. B. Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E. 18th 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, fact should be so stated above.