

Registration District No. 399

Primary Registration District No. 1002

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Hrs.
In this community Unk. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

William Wert Chandler
William Chandler

3. (b) If veteran, name war

World War

3. (c) Social Security No.

None

4. Sex

Male

5. Color or race

White

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

Single

6. (b) Name of husband or wife

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

Feb. 6 1887
(Month) (Day) (Year)

8. AGE:

Years 54 Months 10 Days 11 If less than one day hr. min.

9. Birthplace

Camden, Alabama

10. Usual occupation

None

11. Industry or business

12. Name

William Riley Chandler

13. Birthplace

Camden, Alabama

14. Maiden name

Marguerite Stewart

15. Birthplace

Camden, Alabama

16. (a) Informant

Mrs. J. B. McGill

(b) Address

Prichard, Alabama

17. (a)

Burial

(b) Date thereof

12-22-41

(c) Place: burial or cremation

Wadsworth, Kansas

18. (a) Signature of funeral director

Wailert Funeral Home

(b) Address

2332 Monitor Place, K.C. Mo.

19. (a)

12/21/41

(b) M. M. Brown

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. 15 East 6th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

Dec. 17th

20. DATE OF DEATH: Month Dec. day 17th
year 1941 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 12-17-41 to 12-17-41
that I last saw him alive on 12-17-41
and that death occurred on the date and hour stated above.

Immediate cause of death
CEREBRAL HEMORRHAGE

Duration

Due to

Due to

Other conditions

Major findings:

Of operations

Of autopsy

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?
(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 Amey R. Shaw (M. D. or other)
Address 15 E. 6th St. K.C. Gen. Hospital Date signed

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

18
33
8

FEB 26 1942

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.....

Blaine E. Weiler

Licensed Embalmer No.

4075

P. O. Address.....

3332 Marquette Pl. K.C.

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.