

FILED JUN 18 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2285

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital 6 Days
In this community 16 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(d) Street No. 47th Street & Byram Ford Road R.R.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Mr. William Thomas Williams

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Mrs. Mary Williams
(c) Age of husband or wife if alive 26 years
7. Birth date of deceased September 26 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman - Retired

11. Industry or business J.I. Case Washing Machine Co.

12. Name Paul F. Williams
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Duncan
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. B. Swift & H. H. ...

(b) Address 472 Byram Ford Rd.

17. (a) Burial (b) Date thereof 6-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-11-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1942 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 4th 1942 to June 10th 1942
that I last saw him alive on June 10th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hemorrhage of Brain

Due to Cardiac Hypertension

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings of operations J. Archer Robertson

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____

While at work? _____ (e) Means of injury D

23. Signature J. Archer Robertson (M. D. or other)

Address 926 East 11th St Date signed 6/11/42

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

MOTHER FATHER

961

W. Valley Hospital
7. 11/24/12
9:30 12
Thermon

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 *A. C. Newcomer Jr*
Licensed Embalmer No. 40430
P. O. Address *A. C. Newcomer*

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.