

FILED SEP 3 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3124

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: General Hospital.
(If not in hospital or institution, write street number or location) One Day
(d) Length of stay: In hospital or institution 2 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson.
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4412 Tracy
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Carl Rex Williams

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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 _____ years

7. Birth date of deceased. Aug. 24th. 1939/
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 11 25 24 hr. min.

9. Birthplace. Garfield Ark. /
(City, town, or county) (State or foreign country)

10. Usual occupation. None

11. Industry or business.

MOTHER FATHER { 12. Name. Wrenn Willaims
13. Birthplace. Garfield Ark. /
(City, town, or county) (State or foreign country)
14. Maiden name. Jewell Poe
15. Birthplace. Garfield Ark. /
(City, town, or county) (State or foreign country)

16. (a) Informant. Wrenn Williams
(b) Address. Garfield Ark.

17. (a) Removal (b) Date thereof. 8-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Garfield Ark.

18. (a) Signature of funeral director. Eylan P. ...

(b) Address. 1800 LINWOOD BLVD.

19. (a) 8-14-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19
year 42 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 1939 to 1942;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull
Due to Automobile transmission

Due to Problems shown by Mrs. Williams

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

Major findings: Of operations. 1700-21

Of autopsy. See file

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence. 8/18/42 123
(c) Where did injury occur? 4425 Tracy Kansas
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, industrial place, in public place?
Street

(Specify type of place) (1) While at work? No (2) Means of injury.

23. Signature. Wrenn Williams (M.D. or other) 5/19/42
Address. Garfield Ark. Date signed.

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

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..... *Chase Wilks*

Licensed Embalmer No. *2644*

P. O. Address. *1800 Linwood*

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.