

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Washland Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 mile North + 1 mi West of Washland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME BILL WILLIAMS

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased: Sept 29 - 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Farming

12. Name Benjamin F. Williams

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Jones

(b) Address 2832 Campbell St. K.C. Mo

17. (a) Burial (b) Date thereof 10/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park K.C. Mo

18. (a) Signature of funeral director John S. Morton (Specify type of place) _____
(b) Address North Kansas City Mo (e) Means of injury _____

19. (a) Sept 30 - 42 (b) Arch W. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1942 hour 10:15 minute 9 M.

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

Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion

Due to 9/4a

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

Major findings: Of operations Coronary

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Coronary Occlusion

(b) Date of occurrence Sept 24 - 1942

(c) Where did injury occur? 1 1/2 mi N of Washland + 1 mi West
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

23. Signature W. Prather (M. D. or other) 3

Address Excelsior Springs Mo Date signed 9.24.42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-8-42

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 _____

Le Leon E. Hodges

Licensed Embalmer No. 2729

P. O. Address North Kansas City

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.