

FILED JAN 11 1948

Registration District No. **147**

Primary Registration District No. **1002**

Registrar's No. **4958**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **1 Week**
(Specify whether years, months or days)

In this community **30 Years.**

3. (a) PRINT FULL NAME **EVA NADINE WILLIAMS**

3. (b) If veteran, name war. **No**

3. (c) Social Security No. **None**

4. Sex **Fe.** 5. Color or race **White**

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

6. (b) Name of husband or wife. **Fred L.**

6. (c) Age of husband or wife if alive. **45** years

7. Birth date of deceased **June 18, 1901**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	6	12	hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business **None**

12. Name **Lewis K. Barton**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Cafe**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred L. Williams**

(b) Address **715 E. 9th St.,**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Jan. 2, 1948.**
(Month) (Day) (Year)

(c) Place: burial or cremation. **Floral Hills**

18. (a) Signature of funeral director. **C. H. Blackman & Son, Inc.**

(b) Address **Kansas City, Mo.**

19. (a) **12-31-42** (Date received local registrar)

(b) **M. M. Crown** (Registrar's signature)

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. **715 E. 9th St.,**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30**
year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 22**
1942 to **Dec 30** **1942**
that I last saw her alive on **Dec 30** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Portal cirrhosis of liver**

Due to **12 4 15'**

Due to _____

Duration

1 yr

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

Major findings:
Of operations _____

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) _____

(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? _____

23. Signature **James H. O'Neil** (M. D. number) _____
Address **510 Professional Bldg** Date signed **12/31/42**

*Dr. J. O. Neal
Pres. I.C.M.*

NOV 1934

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..... *H. D. Blackman*.....
Licensed Embalmer No. *3639*.....
P. O. Address..... *I. C. Mo*.....

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.