

FILED JAN 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
7423 Summit Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---
In this community 30 Years
(Specify whether years, months or days)

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. 7423 Summit Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Mrs. Mona M. Littrell Williams

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. William Ralph Williams, Sr. 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: September 8 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 3 21 --- hr. --- min.

9. Birthplace: Ripley Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ---

12. Name: James M. Littrell
13. Birthplace: Virginia
(City, town, or county) (State or foreign country)

14. Maiden name: Letha Bell Engle
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. William Ralph Williams, Sr.
(b) Address: 7423 Summit Street

17. (a) Burial (b) Date thereof: Dec. 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of 1444 Mt. Moriah Cemetery

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 12-31-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from November 1934, to December 29, 1942
that I last saw her alive on Dec 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 3 hrs

Due to: 93 D

Due to: Hypertensive heart disease 5 yrs
Other conditions: Obesity - 2 Days +
(Include pregnancy within 3 months of death)

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? (City or town) (County) (State) ---
(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: E. P. Petty (M. D. or other)
Address: 300 Argyle Bldg Date signed 12/30/42

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

MOTHER FATHER

12. Name: James M. Littrell

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(City, town, or county) (State or foreign country)

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REV. 6-27-67
3000 Purple Ridge
11:30 AM

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 Ernest C. Shiple

Licensed Embalmer No. W 234

P. O. Address B. 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.