

MAY 3 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1586

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

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: F. C. CONSCIENTIOUS HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution MRS -
Specify whether

In this community 1 month 2 weeks 2 days
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. 3700 NORLEDGE
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Moses W. Williams

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased MAR-10-1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 20
If less than one day hr. min.

9. Birthplace HARTFORD, Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business CONCRETE

12. Name GEORGE W. WILLIAMS

13. Birthplace UNKNOWN NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name MARGE McCLONNESS

15. Birthplace LINDEN SHIRE ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS E. W. MICHAEL

(b) Address 1107 S. FOREST - INDEP. MO.

17. (a) REMOVAL (b) Date thereof APR 7 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAMONI IOWA

18. (a) Signature of funeral director CONLEY Funeral Home

(b) Address Indep. Mo.

19. (a) 4-2-43 (b) M. W. Grome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10-1-41
to 3-30-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to 97

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Maureen (M. D. or other)

Address 3200 W. Eye Date signed 3-30-43

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

by me

Registered Apprentice No.

working under my personal supervision.

Signed

L. L. Latta

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.