

Registration District No. 149

Primary Registration District No. 1002

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:
Conley Hosp
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution: **3 Weeks**
(Specify whether
In this community: **40 Years**
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.: **1614 Lawn Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: **Elias E. Williams**

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

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Eliza Williams** 6. (c) Age of husband or wife if alive: **75** years
7. Birth date of deceased: **March 25th, 1873**
(Month) (Day) (Year)

8. AGE: Years: **70** Months: **1** Days: **6** If less than one day: _____ hr. _____ min.

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

10. Usual occupation: **Laborer**

11. Industry or business: **none**

MOTHER FATHER { 12. Name: **John Williams**
13. Birthplace: **Ind.**
(City, town, or county) (State or foreign country)
14. Maiden name: **Emily Dailey**
15. Birthplace: **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Everett Williams**
(b) Address: **1614 Lawn Ave**

17. (a) **Burial** (b) Date thereof: **5/4/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Oregon Mo.**

18. (a) Signature of funeral director: **Rose & Henderson**
(b) Address: **Kansas City, Mo**

19. (a) **5-3-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **May** day: **1st**, year: **1943** hour: **7** minute: **30** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on **4/30/43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Degeneration**
Due to: **Myocardial Degeneration**
Duration: **2 days.**

Due to: **Acute cholecystitis, yellow jaundice, not biliary, gall bladder full of stones.**
Other conditions: **gall bladder full of stones.**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **126**
Of operations: _____
Of autopsy: **Gall-Bladder packed stones**
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) (c) Means of injury: _____
23. Signature: **Dr. H. Stephens** (M. D. or other) **Dr.**
Address: **253 Welby** Date signed: **5/5/43**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.