

FILED JUN 30 1943  
Registration District No. 179

Primary Registration District No. 1002

2714

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: Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution June 2-7, 1943  
In this community 49 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2118 East 16th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ethel Williams

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Williams 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased March 22, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 2 15 hr. 0 min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER  
12. Name William Hutchinson  
13. Birthplace Louisiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Jennings  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Williams  
(b) Address 2118 E. 16th  
17. (a) Burial (b) Date thereof June 14, '43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Hutchins Bros.  
(b) Address 1729 Lydia  
19. (a) 6-15-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 7, day Monday  
year 1943 hour 3:38 minute P. M.

I hereby certify that I attended the deceased from March 16, 1943, to June 7, 1943  
that I last saw her alive on June 7, 1943  
and that death occurred on the day and hour stated above.

Immediate cause of death Myocardial Infarction Duration 37 mo  
station

Due to chr. Myocarditis 5 yrs

Due to arterial hypertension 5 yrs

Other conditions (include pregnancy within 3 months of death)

Major findings: none done  
Of operations none done  
Of autopsy none done

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) (c) Means of injury \_\_\_\_\_

23. Signature Milton C. Lewis (M. D. or other) \_\_\_\_\_  
Address Lincoln Bldg Date signed 6/12/43

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Jerome Manlove* .....

Licensed Embalmer No. *3994* .....

P. O. Address *2503 Highland* .....

**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.**