

FILED FEB 10 1944

State File No.

315

Registration District No.

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:
2603 East 70th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Joseph Williams

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosie 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March 31 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>16</u>	<u>1</u> hr. <u>55</u> min.

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

10. Usual occupation Building Contractor (retired)

11. Industry or business

MOTHER FATHER { 12. Name Pete Williams
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Reynolds
(b) Address 609 East 9th Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-'44 (Month) (Day) (Year)

(c) Place: burial or cremation Adrian, Missouri

18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost

(c) Signature of local registrar Jan 19 1944 (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. 2603 East 70th Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1944 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 1 1943, to Jan 17 1944
that I last saw him alive on Jan 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis over 2 years
Duration _____

Due to _____

Due to 15/10

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?

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

23. Signature S. W. Fair (M. D. or other)
Address 404 1/2 W 75th St. K.C. Mo. Date signed 1/18/44

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

Dr. S. W. Fair

404 $\frac{1}{2}$ W. 75th St. - Waldo

Jackson 0617 - Office

" 0480 - Residence

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. *22156*

P. O. Address *1000 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.