

FILED MAR 6 1944
Registration District No. 149

Primary Registration District No. 1001

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:
2416 E. 22nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 21 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. 2416 East 22nd St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Williams, Jr.

3. (b) If veteran, World War I name war _____

3. (c) Social Security No. 486-09-0608

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Alice Williams

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 8, 1896
(Month) (Day) (Year)

8. AGE:

Years <u>47</u>	Months <u>2</u>	Days <u>6</u>	If less than one day hr. _____ min. _____
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9. Birthplace Morrilton Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Sears and Roebuck
James Williams

12. Name James Williams

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Dora Hollman

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Williams

(b) Address 2416 East 22nd St.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/17/44
(Month) (Day) (Year)

(c) Place: burial or cremation Morrilton, Arkansas

18. (a) Signature of funeral director Stathins Bros.

(b) Address 1729 Lydia

19. (a) 2-17-44 (Date received local registrar)

(b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1944 hour 1:40 minute 9 P.M.

21. I hereby certify that I attended the deceased from _____ 19____
Deputy Coroner
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy see above

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 J. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 2-15-44

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 2 9 1944

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APR 17 1941

MAR 20 1945

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 Mandore

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.