

FILED NOV 19 1944

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 4346

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Major Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS.
In this community 5 DAYS.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ...
(c) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Stephen H. WILLIAMS.

3. (b) If veteran, name war None 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 Anna Williams 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 9th, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hebert Hope Funeral Home

(b) Address Excelsior Springs Mo.

17. (a) Removal (b) Date thereof 10/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs Mo.

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 10-28-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1944 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 22nd 1944 to October 27 1944
that I last saw him alive on October 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of the Coronary artery Very Sudden
Duration

Due to Senility & Cerebral arteriosclerosis Several Years.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 94a
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 Harmon S. Meigs (M. D.)
Address 3100 Euclid Ave. K. C. Mo. Date signed 10/28/44

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.....

J. B. Ryan

Licensed Embalmer No. *2999*

P. O. Address..... *KC*

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.