

FILED DEC 22, 1944
1944

Registration District No. _____

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: **Wheatley Provident Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 days**
21 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Benella Williams**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **487-07-8318**

4. Sex **Fe** 2 5. Color of race **Col**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Carl Williams**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **September 3, 1903**
(Month) (Day) (Year)

8. AGE: Years **41** Months **3** Days **5** If less than one day hr. min.

9. Birthplace **Morrilton Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Elevator Operator**

11. Industry or business

12. Name **Ben Hart**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Myrtle Oliver**
15. Birthplace **Morrilton Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Williams**
(b) Address **2506 Chestnut**

17. (a) **burial** (b) Date thereof **12/13/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Watkins Bros.**

(b) Address **1729 Lydia**

19. (a) **12-14-44** (b) **N. E. Brown**
(Data received local registrar) (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. **2506 Chestnut**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** 8th
year **1944** hour **5:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **noon**
1944 to **Dec 8** 1944
that I last saw her alive on **Dec 8** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **pulmonary embolism**
Due to **hypertension** 18 days
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations **1396**
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) (b) Means of injury _____

23. Signature **N. E. Brown** (M. D. or other) **M.D.**
Address **2506 Chestnut** Date signed **12-13-44**

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

MOTHER FATHER

J. A. Steffler

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.....

D. J. Malone

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.