

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED MAR 3 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5430

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:
821 East 10th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 25 years

In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson ⁴⁵

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 821 East 10th St ⁸
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country " "

3. (a) PRINT FULL NAME Hubert Williams

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race Cal

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him at 8:00 PM _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart ^{95c4}

Due to _____

Due to _____

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

8. AGE: Years 60 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Don't know (City, town, or county) A (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Don't know

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

14. Maiden name unknown

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

16. (a) Informant Miss Corina Miller
(b) Address _____

17. (a) University of Mo. City (b) Date the body was received 12-31-44
(burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation St. B. Moore

18. (a) Signature of funeral director J. B. Moore
(b) Address 1830 E 18th St

19. (a) 12-31-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____

Date of occurrence _____

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 J. P. Richardson (M.D. or other) ³
Address 1832 Olive Date signed 12-18-44

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

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 _____

H B Moore

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18th

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.