

FILED JUL 13 1945

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Salt Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
No Kansas City Mo R4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. North Kansas City Mo R4
(If rural, give location)

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

3. (a) PRINT FULL NAME KARL-ROSCOE WILLIAMS JR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1945 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from
Carl Orler's Corp
that I last saw h alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color or race Wht

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 Sept 23 1931
(Month) (Day) (Year)

Immediate cause of death _____

Due to drown while swimming in pond on father's farm

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE: Years 13 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation School

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 25-1945

(c) Where did injury occur? No Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm - drown in pond
(Specify type of place)

(e) Means of injury drown

MOTHER FATHER

11. Industry or business _____

12. Name Karl Roscoe Williams Jr

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

14. Maiden name Erna Winterskamp

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

16. (a) Informant Karl Roscoe Williams

(b) Address R4 mo KC mo

17. (a) burial (b) Date thereof 6-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address mo KC mo

19. (a) June 28-1945 (b) Paul N Henry
(Date received local registrar) (Registrar's signature)

Physician _____

Underline the cause to which death should be charged statistically.

1933

23. Signature John Morton (M.D. or other) _____

Address No Kansas City Mo Date signed 6/27/45

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

4
0
0

RECEIVED

District Health Officer No. 3.

District File Number _____

Date Filed 7/12/45

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 John S. Morton

Licensed Embalmer No. 4349

P. O. Address 210 W. 11th St.

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.