

FILED AUG 13 1945

Registration District No. 100

Primary Registration District No. 1002

Registrar's No. 3224

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7-29-45-7-29-45
(10:15 a.m.) (Specify whether
 In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 569 Harrison (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALBERT WILLIAMS

3. (b) If veteran, name war none 3. (c) Social Security No. 486-09-6707

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion Williams 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 20, 1900
(Month) (Day) (Year)

8. AGE:	Years <u>44</u>	Months <u>10</u>	Days <u>9</u>	If less than one day hr. _____ min. _____
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9. Birthplace Warrensburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business _____

12. Name Henry Williams

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

14. Maiden name Mary Weicher

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) burial (b) Date thereof 8/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Union

18. (a) Signature of funeral director Walter B. ...

(b) Address 1724 Lydia

19. (a) 7-31-45 (b) Heralding Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1945 hour 2:15 minute p.m. M.

21. I hereby certify that I attended the deceased from 7-29-45 (10:15 a.m.)
to 7-29-45 (2:15 p.m.);
that I last saw him alive on 7-29-45 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
(Type unknown)

Due to _____

Due to _____

Other conditions 12 2 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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) Intensity of injury

23. Signature [Signature] (M. D. or other)

Address Gen. Hosp. #2 Date signed 7-31-45

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

MOTHER FATHER

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. Marlowe*

Licensed Embalmer No. *3994*

P. O. Address..... *2503 Highlan*

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.