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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1945

State File No. 26654

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3399

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

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: K. C. General Hospital No. 1 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 57 yrs

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")
(d) Street No.: 1108 E. 12 St. 8
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ernest Williams
3. (b) If veteran, name war: no
3. (c) Social Security No. 496-03-2893
4. Sex: M
5. Color or race: W
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: 4 (Month) 11 (Day) 1888 (Year)

8. AGE: Years 57 Months 4 Days 1 If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Bartender
11. Industry or business:
MOTHER FATHER
12. Name: Lewis R. Williams
13. Birthplace: Ill (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Jane Lindley
15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Mr Frank Williams
(b) Address: 110 S. Bales
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Cemetery
18. (a) Signature of funeral director: P. S. Neil
(b) Address: Kansas City Mo
19. (a) 8-13-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1945 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from August 12, 1945 to August 12, 1945 that I last saw him alive on August 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic aneurysm — Duration

Due to:

Due to: 30 d

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

Major findings:
Of operations:
Of autopsy: See above

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Clark W. Seely M.D. (M.D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 8-13-45

(Licensed Embalmer's Statement on Reverse Side)

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: .....

Licensed Embalmer No. 3625

P.O. Address Kemo

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.