

U.S. No. 2
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 26 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4641

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
no 1310 Indiana /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether
 In this community 75 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")
 (d) Street No. 1310 Indiana 8
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy Jane Williams
 3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9th
 year 1945 hour 1:32 minute a M.

4. Sex Fem / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Levin Ross Williams 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased 7/14/1857
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Oct 12, 1945 to Nov 9th, 1945
 that I last saw him alive on Nov 2nd, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years 88 Months 3 Days 25 If less than one day
 hr. _____ min. _____

Chronic myocarditis
Hypertension
Senility
93d

9. Birthplace Johnson Co. Kans.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business "

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

MOTHER FATHER
 12. Name George Hundley
 13. Birthplace Unk
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Rodgers
 15. Birthplace Unk.
(City, town, or county) (State or foreign country)

Major findings:
 * Of operations _____
 Of autopsy no

16. (a) Informant Homer Williams
 (b) Address 1105 Bales
 17. (a) Burial (b) Date thereof 11/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cemetery, K. C. Mo

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?

18. (a) Signature of funeral director John P. Sheil
 (b) Address Kansas City, Mo
 19. (a) 11-9-45 (b) Gerladine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature S.D. Baney (M. D. or other) DO
 Address 900 Benton St Date signed 11-9-45

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

Permit -
DL 5391
em 1346
900 Buchanan Blvd.

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 P. Sheil*

Licensed Embalmer No. 3625-.....

P. O. Address.....

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.