

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 19 1946

Registration District No. 7 Primary Registration District No. 3012

Registrar's No. 35

24
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1
7:00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
423 W. EXCELSIOR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) 4 YEARS

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY

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

(d) Street No. 423 W. EXCELSIOR
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ROBERT EDWARD WILLIAMS

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour Early A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
Coroner's Call

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIE KATHERYN

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JUNE - 14 - 1896
(Month) (Day) (Year)

Immediate cause of death asphyxiation by gas

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>8</u>	<u>10</u>	hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation CAFE OWNER

11. Industry or business RESTURANT

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

Major findings: 178X-8

Of operations _____

Of autopsy 114

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. A. Silvers

(b) Address Cameron, Missouri

17. (a) BURIAL (b) Date thereof 3-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMERON, MISSOURI

18. (a) Signature of funeral director Claude Prichard

(b) Address EXCELSIOR SPRINGS, MISSOURI

19. (a) 3/1/46 (b) Caroline Kullberg
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 2-24-46

(c) Where did injury occur? Excelsior Spg Clay MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
His home

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature J. S. Pate (Coroner) (M. D. optional)

Address North Kansas City, Mo Date signed 3/1/46

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-15-46

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.....

not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Leslie White

Licensed Embalmer No. 4168

P. O. Address. Senecio Springs, Mo

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.