

S. No. 2
M-543
5-17-39
P I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23712**
Registrar's No. **3090**

FILED JUL 31 1946
Registration District No. **1002**

Primary Registration District No. **1002**

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

22568

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: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **2 mos. 7 days**
In this community: **35 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank Mc Williams**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 2/ 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Lusia Mc Williams** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **August 1, 1885**
(Month) (Day) (Year)

8. AGE: Years **60** Months **11** Days **10**
If less than one day hr. min.

9. Birthplace **Brenham Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Notary Public**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Mc Williams**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Parker**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Flynn (Friend)**

(b) Address **1819 E. 15th St.**

17. (a) **Burial** (b) Date thereof **7-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Flynn + Greenstreet**

(b) Address **1819 E. 15th St. Kansas City Mo**

19. (a) **7-15-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **1819 E. 15th** **8**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**,
year **1946** hour **1:** minute **10** A. M.

21. I hereby certify that I attended the deceased from **May**
4, 19 **46** to **July 11,** 19 **46**.
I last saw him alive on **July 11,** 19 **46**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Uremia**
Due to **Hypertrophied Prostate**

Other conditions **Periurethral Phlegmon**
(Include pregnancy within 3 months of death) **137a**

Major findings: **137a**
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?

23. Signature **[Signature]** (Specify type of place) **0**
While at work? (c) Means of injury
Address **General Hospital No. 2** Date signed **7/11/46**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. G. Flynn

Licensed Embalmer No. 4383

P. O. Address. 1819 E. 15th - K. C. 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.