

No. 2  
-12-45  
-17-39  
X47070

**FILED DEC 4 1946**  
Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Mary's Hospital** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Week**  
In this community **3 Years**  
years, months or days (Specify whether)

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. **4533 Montgall Avenue** **8**  
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **MARION W. WILLIAMS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **513-16-2056**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **19th.** year **1946** hour **9** minute **30 P.** M.

4. Sex **Male** **0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Gladys Williams**

6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **February** **5th** **1909**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8-8-1935** to **11-19-46**, 19 **46** and that death occurred on the date and hour stated above.

Immediate cause of death **Aortic + Mitral Regurgitation and stenosis.** Duration

8. AGE: Years **37** Months **9** Days **4** If less than one day hr. min.

Due to **Old Rheumatic Fever.**

9. Birthplace **Partridge** **Kansas** **1**  
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation **Accountant**

Other conditions (Include pregnancy within 3 months of death) **92**

11. Industry or business

Major findings: Of operations

MOTHER FATHER {

12. Name **William S. Williams**

13. Birthplace **Ohio** **1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary** **Wilder**  
(City, town, or county) (State or foreign country)

15. Birthplace **Illinois** **1**  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy **None.**

16. (a) Informant **Mrs. Gladys Williams**

(b) Address **4533 Montgall Ave**

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

17. (a) **Removal** (b) Date thereof **11-20-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Partridge, Kansas**

(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 **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd. Street Kansas City, Mo.**

While at work? (Specify type of place) (c) Means of injury **0**

23. Signature **W. A. Myers MD** (M. D. or other)

Address **1115 Grand Kansas City, Mo.** Date signed **11/20/46**

19. (a) **11-20-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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

MAR 11 1958

JUL 17 1958

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.

11-10-58