FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34733

State File No.

FILED OCT 25 1947

Registration District No. 2449

Primary Registration District No. 1002

Registrar's No. 4376

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: Enroute to Gen. Hosp. from
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Union Station (Specify whether
In this community non resident
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Pottawatomie 999

(c) City or town Shawnee 34
(If outside city or town limits, write "RURAL")

(d) Street No. Shawnee 0
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME ARTHUR F. WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. 443-26-0773

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie Frances Williams

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 30 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	17	hr. min.

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

10. Usual occupation Retired Postal Clerk

11. Industry or business

FATHER
12. Name David X Williams
13. Birthplace Decatur Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Melissa L Munger
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Williams
(b) Address 405 N Drapey Shawnee Okla

17. (a) Removal (b) Date thereof 10/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee, Oklahoma

18. (a) Signature of funeral director Mark McCobin
(b) Address 20 West Linwood

19. (a) 10-18-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17
year 47 hour 9 30/1 minute a M.

21. I hereby certify that I attended the deceased from Corner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic sclerotic stenosis heart.

Due to acute ventricular failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 950

Of autopsy yes as above

Duration

PHYSICIAN

Underline the cause of 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 3

23. Signature James Walker (M. D. or other) Corn.

Address 1424 Pry Kelly Date signed 10-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Howard W. Farmer

Licensed Embalmer No. 4134

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.