S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41974

State File No. .....

FILED JAN 2 1947

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 5301

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~~: NEUROLOGICAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 15 DAYS (Specify whether
In this community 26 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 6427 ROCKHILL ROAD
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME DENNIS FLEET WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-1302

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. OTIE WILLIAMS

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased JULY (Month) 7 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	5	9	..... hr. ..... min.

9. Birthplace CROCKETT COUNTY (City, town, or county) TENNESSEE (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business CARPENTER

FATHER
12. Name N. V. WILLIAMS
13. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name ALICE MARLOWE
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otie Williams
(b) Address 6427 Rockhill Rd.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 16 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ BELLS TENNESSEE

18. (a) Signature of funeral director O. N. Dewcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 16TH year 1947 hour 1:35 minute A M.

21. I hereby certify that I attended the deceased from 11-18-47, 19..., to 12-15, 1947 that I last saw him alive on December 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory paralysis	2 hours
Due to Bronchial pneumonia	3 days
Due to Organic brain disease	Several weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
Of autopsy

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

23. Signature B. [signature] (M. D. ~~or other~~)
Address 1418 Professional Building Date signed 12-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg.

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 D. B. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City M

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.