

No. 2  
2-45  
7-39  
K47070

FILED FEB 17 1948

Registration District No. 149

Primary Registration District No. 1002

469

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: OSTEOPATHIC HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 HOURS  
(Specify whether years, months or days)  
In this community 36 HOURS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell  
(c) City or town Kingston, Mo. (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK MARION WILLIAMS

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married; divorced married

6. (b) Name of husband or wife Helen Williams 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 24, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 0 8 hr. min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas James Williams

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

14. Maiden name Mary Orcelia Starboard

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

16. (a) Informant Mrs. Helen Williams

(b) Address Kingston, Missouri

17. (a) removal (b) Date thereof 2-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo.

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston Mo

19. (a) 2-2-48 Almadine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 2  
year 1948 hour 7 minute 02 P.M.

21. I hereby certify that I attended the deceased from Jan 31 to Feb 2, 1948  
that I last saw him alive on Feb 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Left Lobar Pneumonia  
Duration Days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Bronchitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 108

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature John P. Henry (M. D. or other) MD  
Address 1500 Bryant Blvd Date signed 2-2-48

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

MOTHER FATHER

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**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.....

*Cramer Clark*

Licensed Embalmer No.....

*3257*

P. O. Address.....

*Kingston, 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.**