S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26678

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3508

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

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: 1602½ Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xx (Specify whether
In this community 32 years
years, months or days)

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. 1602½ Cherry 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE T. WILLIAMS
3. (b) If veteran, name war xx
3. (c) Social Security No. 487-05-6742
4. Sex Ma D
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Williams
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased August (Month) 5 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	0	20	hr. min.

9. Birthplace Lebanon (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Sheffield Steel Corp.
FATHER
12. Name John Williams
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Sallie Palmer
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs. Rose Williams
(b) Address 1602½ Cherry
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 8-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1948 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from June 24, 1948, to Aug 25, 1948; that I last saw him alive on Aug 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Carcinoma

Due to

Due to

Other conditions 40 K
(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of liver

Of autopsy NONE

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

23. Signature O. Hayden (M. D. or other) DO
Address 709-10 Shuker Bldg Date signed 8/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

U. 6799

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 Eugene L Kunnel, Registered Apprentice No. 217, working under my personal supervision.

Signed Alvin R. Hannechild

Licensed Embalmer No. 4159

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.