

3500  
-47-  
-39  
3500

FILED JAN 29 1949

Registration District No. 199

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: GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 DAYS  
(Specify whether in this community 50 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 1227 HIGHLAND  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN WILLIAMS

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 23, year 1948 hour 8: minute 00 A.M.

21. I hereby certify that I attended the deceased from NOVEMBER 25, 1948 to DECEMBER 23, 1948 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased AUGUST 10, 1870  
(Month) (Day) (Year)

Immediate cause of death ACUTE CARDIAC FAILURE Duration Arteriosclerotic heart disease

8. AGE: Years 78 Months 4 Days 13  
If less than one day hr. min.

Due to ARTERIOSCLEROSIS

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace NATCHEZ MISSISSIPPI  
(City, town, or county) (State or foreign country)

10. Usual occupation WAITER

Major findings: 93

Of operations

Of autopsy 10

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name JOHN WILLIAMS

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

14. Maiden name ELLEN GOOSEBERRY

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

16. (a) Informant MRS. VANN (LAND-LADY)

(b) Address 1227 HIGHLAND

17. (a) Remains (b) Date thereof 1 15 49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation School of Osteopathy

18. (a) Signature of funeral director [Signature]

(b) Address 1870 E 18 st

19. (a) 12/31/48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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) (c) Circumstances of injury E. Frank Ellis

23. Signature [Signature] (M. D. or other) [Signature]

Address GENERAL HOSPITAL NO. 2 Date signed 12/23/48

WRITE PLAINLY—USE 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.....

*AP Moore*

Licensed Embalmer No. *2410*

P. O. Address. *1820 E 18 St*

**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.