S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1946

State File No. 5947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 645

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

4936

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: 2804 Park Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 42 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. 2804 Park 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CALDONIA WILLIAMS

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife unknown.

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

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years About 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Fayetville Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Dont know 9
13. Birthplace " " 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Oliver 1
15. Birthplace W. Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Mae Frenchie
(b) Address 2804 Park

17. (a) Burial (b) Date thereof 2 7 '46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director C. B. Countee
(b) Address 1708 Tracy Ave.

19. (a) 2-7-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 6 - 1, 1945, to 2-3-, 1946
that I last saw her alive on 2-3-, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Type Heart Disease	9 mo
Due to: Generalized Arteriosclerosis	2 yrs
Due to:	
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	3 mo

Major findings:
Of operations none
Of autopsy no

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?
(Specify type of place)
While at work? —
(e) Means of injury —

23. Signature J. Wells (M. D. or other)
Address 2122 E 15th Kc Mo Date signed 2-7-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.