S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37241

FILED DEC 9 1946

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4995

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1925 - East 15 St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1925 - 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1010 East 11 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 11

If yes, name country

3. (a) PRINT FULL NAME Fred O. Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male (1)

5. Color or race Wh

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

6. (b) Name of husband or wife Stella Williams

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 25 (Day) - 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	8	1	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Yellow Cab Co.

FATHER
12. Name Thomas Williams
13. Birthplace Missouri (1)
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary A. Stephens
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Williams
(b) Address 1010 East 11

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Quest - Lile Und Co
(b) Address Richmond Mo.

19. (a) 11-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1946 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Coronary, 19..., to ..., 19...;
that I last saw h..., alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death aortitis (Vegitative)	
Due to Coronary insufficiency	
Due to Pulmonary edema	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes as above

956

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 James C Walker (M. D. ~~or other~~) Coron
Address 1424 [illegible] Date signed 11-26-46

(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. Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address KC 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.