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. 24436

FILED AUG 13, 1947

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3220

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: 402 South Hardesty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ....
In this community 50 Years (Specify whether 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. 402 South Hardesty 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ....

3. (a) PRINT FULL NAME ELMER BAILEY WILLIAMS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Pearl Williams
6. (c) Age of husband or wife if alive ....years
7. Birth date of deceased Oct. 3, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	9	26	....hr. ....min.

9. Birthplace Georgia (City, town, or county) (State or foreign country)
10. Usual occupation Retired Grocer
11. Industry or business ....
FATHER
12. Name Alexander S. Williams
13. Birthplace Alabama (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nannie Wiggins
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Clyde Williams
(b) Address East 50 Hiway & 55th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri
19. (a) 7-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day ~~30~~ 29th year 1947 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from July 28, 1947 ....., 19...., to July 30, 1947 that I last saw him alive on July 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Rheumatic Endocarditis	?
Due to: Arthritis Deformans	?
Due to:	
Other conditions: None except (Include pregnancy within 3 months of death) Anasarcation	

Major findings:
Of operations ....
Of autopsy None

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 Frank E. Day (M. D. or other) DO
Address 4314 E 9th K.C. Mo Date signed 7-31-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Tr. Frank Tay
North East Oval -

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., 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.