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

28001

State File No. 3553

FILED SEP 2 1947

Registration District No. 197

Primary Registration District No. 1002

Registrar's No.

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: 2913 Benton Plaza (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 2913 Benton Plaza (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernestine Williams
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lendon Williams
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased September (Month) - 30 (Day) - 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
22	10	10	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Fowler L. Stewart
13. Birthplace Mineola (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Dora Whaley
15. Birthplace Greenville (City, town, or county) Texas (State or foreign country)
16. (a) Informant Fowler L. Stewart
(b) Address 559 Charlotte
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., K. C., Mo.
19. (a) 8-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10 year 1947 hour 1 minute 45 A. M.
21. I hereby certify that I attended the deceased from Deputy - Coroner 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Multiple Skull Fractures	
Due to	
Other conditions hit with a hammer (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy No - Permit	

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) Homicide
(b) Date of occurrence 8-10-47
(c) Where did injury occur? K. C. Jackson - Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Street - front 2913 - Benton (Specify type of place)
While at work? (e) Means of injury Skull Fracture
23. Signature P. Williams (M. D. or other) 0
Address 2636 Brooklyn Date signed 8-13-47

Jefferson City Printing Co.

(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. 3178

P. O. Address 1212 Vine St., 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.