No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34736

FILED OCT 21 1947

Registration District No. 1497

Primary Registration District No. 1002

Registrar's No. 4299

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 31 DAYS (Specify whether
In this community 10 YRS.
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. 1817 HARRISON 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LOLA MAE ~~JACKSON~~ 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 MARRIED 1

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

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

7. Birth date of deceased FEBRUARY (Month) 20, (Day) 1929 (Year)

8. AGE: Years 18 | Months 6 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace SAN ANTONIO (City, town, or county) TEXAS (State or foreign country) 1

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name CHARLES JACKSON 1
13. Birthplace (City, town, or county) TEXAS (State or foreign country)

MOTHER
14. Maiden name LILLIE MAE WILLIAMS
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant GENE WILLIAMS (HUSBAND)

(b) Address 1817 HARRISON

17. (a) Place of burial or cremation Western Dental College (Burial, cremation, or removal) 10-11-47 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E. 18 St.

19. (a) 10-11-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 13, year 1947 hour 8: minute 27 P. M.

21. I hereby certify that I attended the deceased from AUGUST 24, 1947, to SEPTEMBER 13, 1947; that I last saw her alive on SEPTEMBER 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA
probably chronic nephritis

Due to MALIGNANT HYPERTENSION

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131.5

Of autopsy

Duration

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 0

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

Address GENERAL HOSPITAL NO. 2 Date signed 9/24/47

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 H B Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E 8 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.