. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41976

Registrar's No. 5576

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: 1324 East 16th 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 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1324 East 16th Street 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Estella Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 74 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Calvert, Texas /
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business .....

FATHER
12. Name Charlie Gardner /
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret
15. Birthplace North Carolina /
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Williams
(b) Address 1724 East 22nd Avenue

17. (a) Burial (b) Date thereof 1/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation K-C College of Osteopathy

18. (a) Signature of funeral director [signature]
(b) Address 1729 Lydia Ave.

19. (a) 12-31-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th
year 1947 hour 2 minute 55-8 M.

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

Deputy Coroner

	Duration
Immediate cause of death Cardiac Failure	
Due to Hypertensive Heart Disease	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d
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) .....

(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 J. Williams (M. D. ~~or other~~)

Address 2636 Brooklyn Date signed 12-31-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. R. Wm
2600 Brook

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 Bruce Riley, Registered Apprentice No. 511, working under my personal supervision.

Signed L. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.