

National Office of Vital Statistics
FILED MAR 13 1948
Registration District No. **49**

Primary Registration District No. **1002**

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: **2211 Park Avenue**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **45 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2211 Park Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Elizabeth (Lizzie) Williams**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female**

5. Color or race **Negro**

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

6. (b) Name of husband or wife **Peter W. Williams**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Unknown 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67		hr.min.

9. Birthplace **Howard County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Bill Eggs**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Peter W. Williams**

(b) Address **2211 Park**

17. (a) **Burial** (b) Date thereof **2/25/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Josephine**

(b) Address **1729 1/2 E. 11th St.**

19. (a) **2-25-48** (b) **Alfredine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **22**
year **1948** hour **12** minute **45 A**:M.

21. I hereby certify that I attended the deceased from **19** to **19**
that I assisted in the death on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac Failure**
Hypertensive Heart Disease
Chronic Nephritis

Due to **Hypertensive Heart Disease**

Due to **Chronic Nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **131 lb**

Of operations

Of autopsy **No - Permit**

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 **1**

23. Signature **W. C. Williams** (M. D. or other) **W. C.**
Address **2636 - Brooklyn** Date signed

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 _____

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.