S. No. 2
M—1/47
5-1-49

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5165

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 660

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: General Hospital No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 hrs (Specify whether years, months or days) In this community About 20 yrs.

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. 913 Admiral Blvd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Williams
3. (b) If veteran, name war World War I
3. (c) Social Security No. 495-09-3929
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Mae Williams
6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased Oct. 1, 1901 (Month) (Day) (Year)

8. AGE: Years 46 — Months 4 — Days 7 — If less than one day hr. min.
9. Birthplace Marshall, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Moving and Storage
FATHER
12. Name Howard Williams
13. Birthplace Marshall, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Robinson
15. Birthplace Marshall, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Arnold Williams (Bro.)
(b) Address 929 Everett Ave. K.C. R
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem
18. (a) Signature of funeral director Lee, Dan
(b) Address 1513 Troost Ave
19. (a) 2-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8 year 48 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I saw ..... alive on Deputy Coroner 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure & Shock — Duration
Due to Internal Hemorrhage
Due to Gun Shot Wound Upper Left Chest & Heart
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 16 6
Of autopsy Same as above

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 2-8-48
(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? Home - 913 - Admiral Blvd. (Specify type of place)
While at work? (e) Means of injury Gun Shot
23. Signature J. Williams (M. D. or other) W.C.
Address 2636 - Brooklyn - Date signed 2-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 27 1948

APR 8 1948

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. 4417

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.