S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1118

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

18
3
8

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 # 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ days (Specify whether
In this community 10 years
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. 1215 Jefferson 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Williams
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife B. G. Williams
6. (c) Age of husband or wife if Deceased
7. Birth date of deceased June 12, 1856 (Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Mount Sterling Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Her own home
FATHER
12. Name Jess Davis
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clarenda Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Hospital records
(b) Address Kansas City, Mo.
17. (a) Removal (b) Date thereof 3/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mena, Arkansas
18. (a) Signature of funeral director Echternacht FUNERAL HOME
(b) Address 1900 Central Ave. K.C. Kansas
19. (a) 3-11-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour 8 minute 05 a.m.

21. I hereby certify that I attended the deceased from March 2, 1948 to March 6, 1948
that I last saw her alive on March 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death bronchopneumonia--uremia terminal	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy	

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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. #1 Date signed 3-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Taylor

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 Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address 1900 Central Ave

Kansas City 2, Kans

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.