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

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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8968

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1100

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 78 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2415 HIGHLAND
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ESTHER 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 CHARLIE WILLIAMS

6. (c) Age of husband or wife if alive 94 years

7. Birth date of deceased JULY (Month) 2, (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 6 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name GEORGE MITCHELL
13. Birthplace (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 7 (State or foreign country)

16. (a) Informant CHARLIE WILLIAMS (HUSBAND)

(b) Address 2415 HIGHLAND

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/48 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Nathan Bros.

(b) Address 1739 Lydia Ave.

19. (a) 3-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8, year 1948 hour 6: minute 25 A.M.

21. I hereby certify that I attended the deceased from MARCH 5, 1948 to MARCH 8, 1948; that I last saw her alive on MARCH 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CORONARY THROMBOSIS WITH INFARCTION

Due to 2. PULMONARY THROMBOSIS WITH HEMORRHAGIC INFARCTION OF LUNG

Due to 3. GENERALIZED ARTERIOSCLEROSIS

4. HYPERTROPHY AND DILITATION OF HEART

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95C

Of autopsy SAME AS ABOVE

Duration

PHYSICIAN

Underline the cause to 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. (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 3/8/48

(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.....

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.