FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33168

Registrar's No. 4052

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: Residence, 5901 Independence Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 20 years

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. 5901 Independence Ave. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Rosie A. Williams

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Joseph Williams (deceased)

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

7. Birth date of deceased Dec. 23, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	9	12	..... hr. ..... min.

9. Birthplace Unknown, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business self employed

FATHER

12. Name Andrew Smith

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

MOTHER

14. Maiden name Rose Ann unknown

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

16. (a) Informant Mrs. Pearl A. Reynolds

(b) Address 5901 Independence Ave. K.C. Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/8/48 (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem. Adrian, Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 10-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1948 hour 10:23 minute A M.

21. I hereby certify that I attended the deceased from August, 1947 to Oct. 5, 1948; that I last saw her alive on Oct. 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive failure heart	2 days
Due to Senile dementia	4 yrs
Due to Malnutrition	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 93

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

23. Signature Glenn W. Springer (M. D. or other) D.O.

Address 5902 St. John, Kansas City, Mo. Date signed 10-5-48

Jefferson City Printing Co.

(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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, M

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.