

**FILED** OCT 14 1948

Registration District No. **149** Primary Registration District No. **1002**

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

29357

**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 **3 days** (Specify whether  
In this community **1 yr.** years, months or days)

**3. (a) PRINT FULL NAME** **IDA OLYMPIA LEWIS WILLIAMS**  
**3. (b) If veteran,** name war **no** **3. (c) Social Security** No. **none**

**4. Sex** **FEMALE** **5. Color or** race **NEGRO**  
**6. (a) Single, widowed, married,** divorced **MARRIED**  
**6. (b) Name of husband or wife** **SYLVESTER WILLIAMS** **6. (c) Age of husband or wife if** alive **42** years  
**7. Birth date of deceased** **NOVEMBER 3, 1904** (Month) (Day) (Year)

**8. AGE:** Years **41** Months **10** Days **25** If less than one day hr. min.

**9. Birthplace** **COVINGTON** **ARKANSAS** (City, town, or county) (State or foreign country)

**10. Usual occupation** **HOUSEWIFE**

**11. Industry or business**

**12. Name** **RICHARD ANDERSON**  
**13. Birthplace** **DONT KNOW** **LOUISIANA** (City, town, or county) (State or foreign country)

**14. Maiden name** **MILDRED HOPSON**  
**15. Birthplace** **DONT KNOW** **ARKANSAS** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Louise Marks Murphy (sister)**  
**(b) Address** **1316 Piggott Ave., E. St. Louis**

**17. (a) Burial** **(b) Date thereof** **Oct 3-1949**  
**(c) Place: burial or cremation** **Lincoln Cemetery**  
**18. (a) Signature of funeral director** **Heat Appleton Jones**  
**(b) Address** **1905 1/2 The St.**

**19. (a) 10-3-46** **(b) Geraldine Holmes**  
**(Date received local registrar)** **(Registrar's signature)**

**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. **1818 HIGHLAND**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **SEPTEMBER** day **28,**  
year **1946** hour **12:** minute **15 A. M.**  
**21. I hereby certify that I attended the deceased from** **SEPTEMBER**  
**25,** **1946** to **SEPTEMBER 28,** 19 **46**  
that I last saw her or alive on **SEPTEMBER 28,** 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration

Due to **NEPHROSCLEROSIS**

Due to **HYPERTENSIVE HEART DISEASE**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations: **131**  
Of autopsy: **131**  
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?

While at work? (Specify type of place) Means of injury  
**23. Signature** **(M. D. or other) M. D.**  
Address **GENERAL HOSPITAL NO. 2** Date signed **8/28/46**

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**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. *2710*

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.**