

FILED MAR 10 1947
 1947

Registration District No. _____

Primary Registration District No. 1002

WHITE PLAINLY—USE 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:
24th + Woodland Ave. Christian Ch.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)
 In this community 21 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. 2625 Brooklyn Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Zneobia Janie Williams
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 23
 year 1947 hour 7 minute 30 P. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Albert Williams 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased March 5, 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
 that I last saw Deputy Coroner alive _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years 48 Months 11 Days 18
 If less than one day _____ hr. _____ min.

Due to Cordial Failure
Hypertensive Heart Disease
Ischemic
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Lathrop, Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy No-Permit
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER { 12. Name General Graham
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
FATHER { 14. Maiden name Elizabeth Trailer
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Albert Williams
 (b) Address 2625 Brooklyn Avenue
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/47
(Month) (Day) (Year)
 (c) Place: burial or cremation Woods Cemetery

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) (e) Means of injury Reputy

18. (a) Signature of funeral director W. J. ...
 (b) Address 1739 E. ...
 19. (a) 2-25-47 (Date received local registrar) (b) Heraldine ... (Registrar's signature)

23. Signature Williams (M. D. or other) _____
 Address 2636 - Brooklyn Date signed _____

I certified every

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..... *J Jerome Manlove*.....
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.