

**FILED**  
**JUL 10 1941 85**  
Registration District No.

Primary Registration District No. **1001**

1. PLACE OF DEATH  
(a) County Buchanan  
(b) City or town St Joseph  
(c) Name of hospital or institution St Joseph hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days  
In this community 74 Yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 714 North 23rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Emelia Williamson  
3. (b) If veteran, name war  
3. (c) Social Security No. None

20. DATE OF DEATH: Month June day 22nd.  
year 1941 hour 10:35 minute A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife W. T. Williamson  
6. (c) Age of husband or wife alive years  
7. Birth date of deceased November 20, 1866.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27, 1941  
to June 22nd. 1941  
that I last saw her alive on June 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular (pulmonary) heart disease  
Duration Don't know

8. AGE: Years 74 Months 7 Days 2  
If less than one day hr. min.

Due to gallstones  
Due to NO

9. Birthplace St Joseph Mo.  
(City, town, or county) (State or foreign country)

Other conditions gallstones  
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

11. Industry or business  
12. Name Peter Prinz  
13. Birthplace Germany A  
14. Maiden name Caroline Wagoner  
15. Birthplace Germany A  
(City, town, or county) (State or foreign country)

Major findings: no operation  
Of operations  
Of autopsy NO  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Gus Prinz  
(b) Address 619 1/2 Bonton St St, Joseph Mo  
17. (a) Burial (b) Date thereof June 24th.  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence 1941  
(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?

(c) Place: burial or cremation At Olivey Cem.  
18. (a) Signature of funeral director Wm. W. Anderson  
(b) Address 1802 Union St. St Joseph, Mo  
19. (a) June 23 1941 (b) A. J. Nestor  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature W. H. Belam (M. D. or other) M. D.  
Address Ballingen Bldg. Date signed 6-22-41

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

**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 *Alton E. Hodges*  
Licensed Embalmer No. 2729  
P. O. Address 1802 Union St. St Jos  
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.**