

Registration District No. 875

Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Keyser
(b) City or town Royal-Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr - 5 mos
(Specify whether years, months or days)
In this community 1 yr - 5 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME William R. Williamson

8. (b) If veteran, name war None
8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W
6. (b) Name of husband or wife Becks 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec. 20, 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5
year 1941 hour 11:25 minute A.M.
21. I hereby certify that I attended the deceased from Dec. 5, 1939 to June 5, 1941;
that I last saw him alive on June 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
Duration: _____ years

8. AGE: Years 58 Months 5 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace North County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Thomas A. Williamson
18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Thompson
16. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Williamson (brother)
(b) Address Route #1, Appleton City, Mo.

17. (a) Burial (b) Date thereof June 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director Orsel G. Elshoff
(b) Address Appleton City, Mo.

19. (a) 6-5-1941 (b) Allie D. Davis
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____

Other conditions: Generalized Arteriosclerosis Years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature Russell H. Potter (M. D. or other) M.D.
While at work _____ (Specify type of place)
(e) Means of injury _____

*Address Nevada, Mo. Date signed 6-5-41

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

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RECEIVED

District Health Officer No. 71-

District File Number 7-41-110

Date Filed 7-7-41

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 Orsa Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton, Wis.

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, above space should be left blank.