

Registration District No. **89**
FILED OCT 14 1941

Primary Registration District No. **3007**

Registrar's No. **367**

1. PLACE OF DEATH:

(a) County. **Butler Co, Mo**
(b) City or town. **POPLAR BLUFF MISSOURI**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **POPLAR BLUFF HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 30 hrs**
(Specify whether years, months or days) **1 DAY**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Wayne**
(c) City or town **RURAL - Greenville**
(If outside city or town limits, write "RURAL") **111**
(d) Street No. **111**
(If rural, give location) **90**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edward Levineston Williamson**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **491-18-7926**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **OSA E Williamson**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **MARCH - 27-1881**
(Month) (Day) (Year)

8. AGE: Years **56** Months **5** Days **21**
If less than one day hr. min.

9. Birthplace **Equality Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMING**

12. Name **Eliga Williamson**

13. Birthplace **UNKNOWN** 4
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET BELLAN**

15. Birthplace **UNKNOWN** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **OSA E. Williamson**

(b) Address **Greenville, Missouri**

17. (a) **BURIAL** (b) Date thereof **9 20 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Valley near Greenville**

18. (a) Signature of funeral director **Norman W. Giel**

(b) Address **Pleasant Valley, Mo**

19. (a) **9-23-41** (b) **W.A.** (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **18**
year **1941** hour **6:25 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **Sept 17**
1941 to **Sept 18** **1941**
that I last saw him alive on **Sept 18** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure**

Due to **Malignancy of Rt. Kidney**

Due to **52.0**

Other conditions **Severe Hemorrhage**
(Include pregnancy within 3 months of death)

Major findings: **Hemoperitoneum**
Of operations **Excised from Rt Kidney area**
Of autopsy **None**

Duration
PHYSICIAN
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) **None**

(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 _____

23. Signature **Ch Porter** (M. D. or other)

Address **Poplar Bluff, Mo** Date signed **9-22**

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

MAR 11 1941

RECEIVED

District Health Office No. 2,

District File Number 1041-1388

Date Filed 10/21/41

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Norman W. G.

Licensed Embalmer No. 3387

P. O. Address Edmond, OK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31152
Registrar's No. 367

Registration District No. 89

Primary Registration District No. 3017

1. PLACE OF DEATH

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Edward L. Williamson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive on date of death..... years

7. Birth date of deceased mar - 27 1881
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 14 If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

{ 14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

(a) 9-23-41 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
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.....

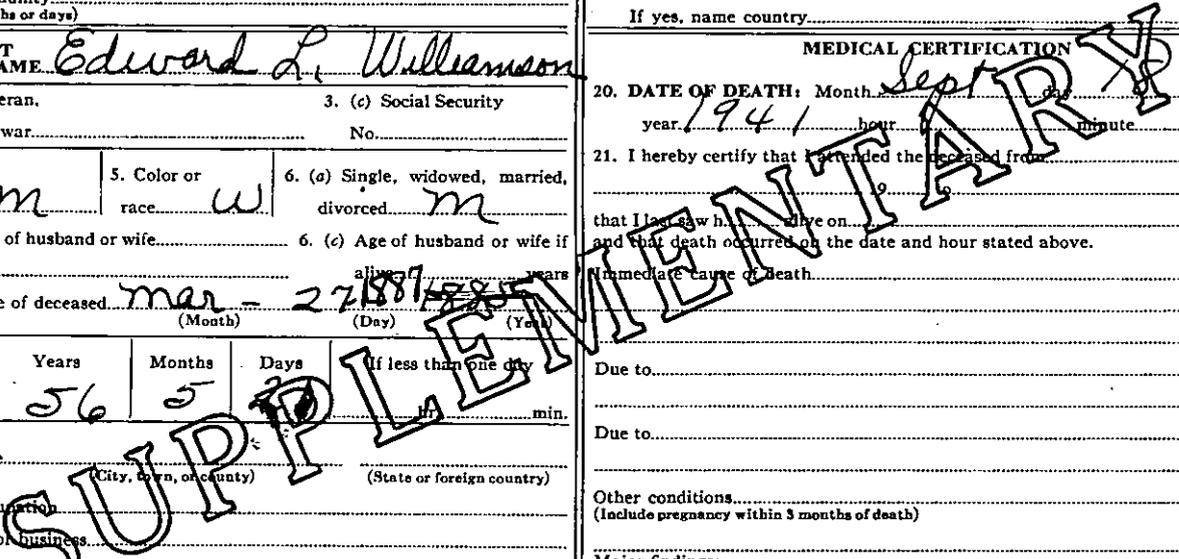
(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
..... (Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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



MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri, }
County of Wayne } ss.

State File No. 31153
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26th. day of March, 1942, before me appears

Osa E. Williamson, who, upon her oath, states that the original record of ~~birth~~ death

for Edward L. Williamson ~~died~~ born Sept 18, 1941, in the State of

Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 7 should read 1887 - march - 27

Instead of 1885 = march 27

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affidavit Osa E. Williamson
Widow Relationship.
Greenville, Mo.
Present Address.

Subscribed and sworn to before me this 26th. day of March, 1942

My Commission expires.....
A. G. Templeton Notary Public.
Probate Judge