

FILLED NOV 14 1941

Registration District No. 204

Primary Registration District No. 30-13 2012

Registrar's No. 37

1. PLACE OF DEATH:

(a) County CLINTON
(b) City or town CAMERON
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CLINTON
(c) City or town CAMERON
(If outside city or town limits, write "RURAL")
(d) Street No. 519 E 4th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

SAMUEL R WILLIAMSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN 18 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name JAMES WILLIAMSON

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

14. Maiden name _____ IRELAND
(City, town, or county) (State or foreign country)

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

16. (a) Informant Samuel Perry

(b) Address Oshorn, Mo

17. (a) BURIAL (b) Date thereof 10-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer Cemetery, CAMERON, MO

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

(b) Address CAMERON, MO

19. (a) Oct 30 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

185 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month OCT day 28
year 1941 hour 10 minute 40 AM.

21. I hereby certify that I attended the deceased from Aug 10
_____ 1941 to Oct 28 1941
that I last saw him alive on Oct 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations _____
Of autopsy no

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) _____

(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? no

While at work? _____ (Specify type of place) _____ (Means of injury)

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

Address Cameron Mo Date signed Oct 29/41

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

MOTHER FATHER

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. 1180

P. O. Address CAMERON, 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.