

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4130

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 74

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:
120 North C St. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 120 North C
(If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Corwin Devol Williamson

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

20. DATE OF DEATH: Month Feb. day 15
year 1947 hour _____ minute _____ M.

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

6. (b) Name of husband or wife Jennie Williamson 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 19 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1941 to Feb 15 1947
that I last saw him alive on Jan 31 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 8 26 hr. _____ min.

Immediate cause of death Myocardial insufficiency Duration 10 years

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

Due to Hypertension

10. Usual occupation Carpenter

Due to Cardio-vascular renal syndrome

11. Industry or business _____

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

12. Name Calvin Williamson 9

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

Major findings:
Of operations _____
Of autopsy _____
131A

14. Maiden name Matilda Jeffries 9

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Herman Williamson
(b) Address Poplar Bluff, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 2/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

(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? _____

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

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

19. (a) 2/19/47 (b) R. W. Munster
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or D. M. D.)
Address Poplar Bluff, Mo. Date signed 2-19-47

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

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District No. 242-281
Date Filed 2-22-47

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 Wallace W. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.