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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9503

Registrar's No. 1423

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 40 min (Specify whether years, months or days)
In this community: 1 hr. 40 min

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Clinton 25

(c) City or town: Turney 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Box 105 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country: —

3. (a) PRINT FULL NAME: John Harold Williamson

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Feb. (Month) 22 (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 32.4 | If less than one day hr. min.

9. Birthplace: Cameron (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation: infant

11. Industry or business: —

MOTHER FATHER

12. Name: James Williamson 0

13. Birthplace: Cameron (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Lela Barnes

15. Birthplace: Smithville (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Father James Williamson

(b) Address: Turney Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-27 47 (Month) (Day) (Year)

(c) Place: burial or cremation: CAMERON MO

18. (a) Signature of funeral director: DeMoss CRUNK

(b) Address: CAMERON MO

19. (a) 3-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1947 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 26, 1947, to March 26, 1947, that I last saw him alive on March 26, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia, bilateral	2 days
Due to: Congenital Heart disease, Aortic stenosis	—
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 15 d
Of autopsy: Sperm

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: 0

23. Signature: [illegible] (M. D. or other) MD

Address: St Luke's Hospital Date signed 26 Mar 47

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 25-33

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.