No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7744

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(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 Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town Cassville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Williamson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy T. Williamson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 1 (Day) 1869 (Year)

8. AGE: Years 78 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Cassville (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Retired Real Estate Man
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Nancy T. Williamson
(b) Address Cassville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Feb 19-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature) 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1948 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Jan 10 1947 to Feb. 1 1948
that I last saw him alive on Feb. 1 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

13 B

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 Glenn H. Salyer (M. D. ~~or other~~)
Address Cassville Mo. Date signed Feb. 14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-303
Date Filed MAR 16 1948

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.