

STANDARD CERTIFICATE OF DEATH

State File No. 22384

National Office of Vital Statistics

FILED AUG 11 1948

Registration District No. 47

Primary Registration District No. 3005

Registrar's No. 226

1. PLACE OF DEATH:

(a) County... Callaway
 (b) City or town... Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... four days
(Specify whether)
 In this community... 1
years, months or days

3. (a) PRINT FULL NAME John F. 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
 6. (b) Name of husband or wife... Mrs. Alma Williamson
 6. (c) Age of husband or wife if alive... 61 years
 7. Birth date of deceased... May 27 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 1
 If less than one day hr. _____ min. _____

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

10. Usual occupation... Farmer

11. Industry or business

MOTHER FATHER

12. Name... Robert Williamson
 13. Birthplace... Unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name... Mc Cormick
 15. Birthplace... Springfield Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Alma Williamson
 (b) Address... High Hill, Mo.

17. (a) Burial (b) Date thereof... July 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation... St. Stephen's, High Hill, Mo.

18. (a) Signature of funeral director... W. Schlanke, Mortuary
 (b) Address... Montgomery City, Mo.

19. (a) 8-2-1948 (b) John F. Williamson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Montgomery 70
 (c) City or town... High Hill
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country... _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year... 1948 hour 10 minute 15 P.M.
 21. I hereby certify that I attended the deceased from July 25
 1948 to July 28, 1948;
 that I last saw h.i.m. alive on July 28, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death... pneumonia 2 da.
 Due to... Chronic Nephritis 6 yrs.
 Due to... _____
 Other conditions... Bronchogenic Carcinoma 9 yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations... _____
 Of autopsy... 470
Underline the cause of 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... _____
 Signature... Lloyd E. Hutchins (M. D. or other) D.O.
 Address... Fulton, Mo. Date signed... 7/29/1948

Date Filed AUG 10 1948

District File Number _____

District Health Officer No. 9,

RECEIVED

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 _____

E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery City

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.