

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **988**

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

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1613 Grand Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7** years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1613 Grand Avenue**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. years

3. (a) PRINT FULLNAME **Thomas Knox 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 **Mable** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **May 26 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	3	13	hr. min.

9. Birthplace **Harrieville West Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farmer**

12. Name **Thomas Williamson**

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

14. Maiden name **Susanna Killough**

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

16. (a) Informant **Jane Williamson**

(b) Address **1613 Grand Ave., St. Joseph, Missouri**

17. (a) **burial** (b) Date thereof **Sept. 11, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Packard Cem. Cameron, Mo.**

18. (a) Signature of funeral director **Halter Meierhoff**

(b) Address **1302 Faron, St. Joseph, Missouri**

19. (a) **Sept 11 1940** (b) **H. J. Meierhoff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September**, day **9**
year **1940** hour **6** minute **30** a. M.

21. I hereby certify that I attended the deceased from **Sept. 3 - 9**, 19**40**
that I last saw him alive on **Sept 8**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage Chronic myocarditis**

Due to _____

Due to **Senility**

Other conditions **A + U**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **no**

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

(a) Accident, suicide, or homicide (specify) _____

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? **85**

While at work? _____ (Specify type of place)

(e) Means of injury **5**

23. Signature **H. J. Meierhoff** (M. D. or other) **DO.**

Address **St. Joseph, Missouri** Date signed **9-10-40**

Duration **10 hrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Oby Jester

Licensed Embalmer No. *4154*

P. O. Address *St. Joseph, Missouri.*

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.