

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4592

State File No. ....

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 1

1. PLACE OF DEATH: Stoddard  
 (a) County Stoddard  
 (b) City or town Puxico, Mo. R. F. D.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Stoddard  
 (c) City or town Puxico, Mo. R. F. D.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? .....

3. (a) PRINT FULL NAME FRANK WILLIAMSON

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

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

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

7. Birth date of deceased April 28, 1886  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>54</u> | <u>7</u> | <u>26</u> | hr. .... min.        |

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

10. Usual occupation Farmer

11. Industry or business .....

12. Name George Williamson

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

14. Maiden name Emma Johnson

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

16. (a) Informant Ollie Williamson

(b) Address Puxico, Mo. R. F. D.

17. (a) Burial (b) Date thereof Dec. 25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Jan 2-1941 (b) Selma Dussart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th  
year 1940 hour 8:30 minute 8 M.

21. I hereby certify that I attended the deceased from 10, 22, 40  
1940 to 11, 15 1940  
that I last saw him alive on 11, 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis lethargica

Due to .....

Due to .....

Other conditions 370  
(Include pregnancy within 3 months of death)

Major findings: no  
Of operations

Of autopsy no

Duration  
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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature Dr. John H. Fisher  
(M.D. or other) J

Address Puxico, Mo. Date signed 12/24/40

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

200

RECEIVED

District Health Officer No.

District File Number 2741-150

Date Filed 2/5/41

1  
30  
W

**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 DECEASED WAS NOT EMBALMED

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**