

Registration District No. 461

Primary Registration District No. 3024

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Franklin st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 days / _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58
(a) State Mo. (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1941 hour 11:45 minute _____ P. M.
21. I hereby certify that I attended the deceased from Mar 25
1941, to Mar 31, 1941
that I last saw him alive on March 31, 1941
and that death occurred on the date and hour stated above.

4. Sex Ma. 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Inez Turner
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Aug. 3 1879
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration _____
Due to _____
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation R. R. Engineer

11. Industry or business _____

12. Name J. R. Williamson
13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Bezellia Lockwood
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Hollenback
(b) Address Lexington, Mo

17. (a) Burial (b) Date thereof 4-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo.

18. (a) Signature of funeral director Winkler
(b) Address Lexington Mo

19. (a) April 1/41 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

Other conditions Coronary thrombosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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?

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

23. Signature BH Brasher (M. D. or other) _____
Address Linn 9 law mo Date signed 4/14/41

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

4
3
2

FEB 28 1947

RECEIVED
District Health Officer No. 8
State File Number
14-16-41

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 *Parrest J Kempel*

Licensed Embalmer No. *3275*

P. O. Address *Lynington, 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.