

FILED NOV 7 1942

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham O. Danforth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau
(c) City or town California Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Susan Matilda Williamson

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John W 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased Mar 16 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name John T Gray

13. Birthplace Key 1
(City, town, or county) (State or foreign country)

14. Maiden name Leticia M. Calvahan

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

16. (a) Informant Effie Ector

(b) Address California Mo

17. (a) Burial (b) Date thereof 11/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moreau Cem

18. (a) Signature of funeral director William F. Friedman

(b) Address California Mo

19. (a) 11-5-42 (b) A Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1942 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 25
1942 to Nov 4, 1942
that I last saw h.e.r. alive on November, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to Generalized arteriosclerosis 10 yr.

Due to
Other conditions. (Include pregnancy within 3 months of death) 830

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) (c) Means of injury
23. Signature Henryon Latham (M. D. or other)
Address California 7770 Date signed 10-5-42

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

MOTHER FATHER

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.....

H E Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.

[Handwritten signature]

[Handwritten initials]