

FILED JUN 14 1943

Registration District No. _____
Primary Registration District No. **5118**

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

1. PLACE OF DEATH:

(a) County **Boone**

(b) City or town **Columbia - Rural - Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Route 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 1/2 Years**
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

(c) City or town **Columbia Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural Route 3**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT **EMMETT McDONALD WILLIAMSON**
FULL NAME

3. (b) If veteran, **None** name war _____
3. (c) Social Security **None** No. _____

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

6. (b) Name of husband or wife **Mabel**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **2 - 7 - 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	3	3	_____ hr. _____ min.

9. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **John Williamson**

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

14. Maiden name **Mary Thomas**

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

16. (a) Informant **Mrs. Emmett Williamson**

(b) Address **Columbia, Mo. Route 3**

17. (a) **Burial** (b) Date thereof **5-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Parker's Funeral Service**
Columbia, Mo.

(b) Address _____
19. (a) **May 11-43** (b) **Mrs. Betty Crane**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1943** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **2 - 3**
1943 to **May 10 - 1943**
that I last saw him **alive on May 9 - 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Hardened Arteries

Due to **52 yr. Small yrs.**

Due to _____

Other conditions **Probably due to**
(Include pregnancy within 3 months of death)
cur in bladder
Major findings: **None**
Of operations _____
Of autopsy **None**

Duration **1 yr.**
PHYSICAL
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? _____

23. Signature **J. D. Sweet** (M. D. or other) _____

Address **Columbia, Mo.** Date signed **5-11-43**

MAR 2 1945

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 *M. S. Whitcomb*
Licensed Embalmer No. *3893*
P. O. Address *Columbia*

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.