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

FILED SEP 11 1943 34

Registration District No. 34

Primary Registration District No. 5813

1. PLACE OF DEATH:

(a) County MORGAN  
(b) City or town RURAL (HAWGREEN) Wf  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 3/4 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME SAMUEL PATTERSON WILLSON

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY S WILLSON 6. (c) Age of husband or wife if alive 89 years  
7. Birth date of deceased APR 15, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 3 12 hr. min.

9. Birthplace VERSAILLES, MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business FARM

MOTHER FATHER { 12. Name SAMUEL WILLSON  
13. Birthplace GREENE CO., TENN. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name NO RECORD  
15. Birthplace NO RECORD 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Willson

(b) Address Versailles, Mo.

17. (a) BURIAL (b) Date thereof 7/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES CENTY

18. (a) Signature of funeral director W. F. ...

(b) Address Versailles Mo.

19. (a) Aug 6-43 (b) Henry Kipp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN 71  
(c) City or town RURAL 0  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27  
year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr 2, 1943 to July 27, 1943  
that I last saw him alive on July 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to 93d

Other conditions Hypertrophy of prostate 5 yrs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....  
Of autopsy .....

Duration  
1 year

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 A. J. Geier (M. D. or other)  
Address Versailles, Mo. Date signed 7/28/43

RECEIVED

District Health Officer No. 7,

District File Number 8-43-924

Date Filed 9-10-43

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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 W. T. Radwell.....

Licensed Embalmer No. 1596.....

P. O. Address Wassell 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.**