

FILED DEC 9 1943

Primary Registration District No. #3007

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hosp.
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 DA (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 012

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL") 3

(d) Street No. 714 Blaine St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harold Stlemming Williamson

3. (b) If veteran, name war 0 (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1943 hour 10:30 minute 0 A. M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced. 2 0

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife If alive 0 years

7. Birth date of deceased Nov. 1, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 3 1943 to Dec 3 1943
that I last saw him alive on Dec 3 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 1 2 hr. min.

Immediate cause of death Cerebral embolus 1 da
Otitis media 5 da

Due to 0

Due to 0

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

Other conditions (Include pregnancy within 3 months of death) g 3 f

10. Usual occupation Babykeeper

Major findings: Of operations 0

Of autopsy 0

11. Industry or business Walter A. Flemming

PHYSICIAN 0
Underline the cause to which death should be charged statistically.

12. Name Walter A. Flemming

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

14. Maiden name Nettie Sanders

15. Birthplace Poplar Bluff, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Williamson

(b) Address Poplar Bluff, Mo

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

(c) Place: burial or cremation Woodlawn

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work (Specify type of place) (e) Means of injury 0

23. Signature Frank Cotrell (M. D. or other) 0
Address Poplar Bluff, Mo Date signed 12/4/43

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

MOTHER FATHER

FEB 24 1944

RECEIVED

District Health Office No. 2,

District File Number 1243-1543

Date Filed 12-8-43

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.....

working under my personal supervision.

Registered Apprentice No.

Signed Scott A. Colwell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.