

FILED JUN 29 1945

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 190

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)

In this community 60 YEARS
years, months or days

3. (a) PRINT FULL NAME LINDLEY S. WILLIAMSON

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GAY 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased DEC. 28 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>29</u>	hr. _____ min.

9. Birthplace Bloomdale mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business Laborer

12. Name John Williamson

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

14. Maiden name Cassie Fullen

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

16. (a) Informant Mrs. Gay Williamson

(b) Address Crystal City mo

17. (a) Burial (b) Date thereof 4/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, mo

18. (a) Signature of funeral director Country of Palette

(b) Address Crystal City mo

19. (a) May 2 1945 (b) Virginia Williams Dep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Crystal City 50
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1945 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 24 1945 to April 27 1945
that I last saw him alive on April 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease Unknown

Due to _____

Due to 92d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 J. Conroy (M. D. or other) _____

Address Crystal City mo Date 4/27/45

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

MOTHER FATHER

RECEIVED: 11 14 45
District Health Officer No. 9,

District File Number _____

Date Filed 6-28-45

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: Gentry R. Polite

Licensed Embalmer No. 3481

P. O. Address: Crystal City, Md.

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: