

St. No. 2
OM-2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21107**

FILED **JUL 24 1945**

Primary Registration District No. **6052**

Registrar's No. **44**

1. PLACE OF DEATH
 (a) County **St. Clair**
 (b) City or town **Rural Monegaw Twp**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **40 yrs**

3. (a) PRINT FULL NAME **Thomas Allen Williamson Jr**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, divorced, or married **Widower**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct 20 1876**
(Month) (Day) (Year)

8. AGE: Years **88** Months **8** Days **8**
 If less than one day _____ hr. _____ min.

9. Birthplace **Ky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Thomas Allen Williamson**

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

14. Maiden name **Tracy Day**

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

16. (a) Informant **John F. Williamson**

(b) Address **Appleton City, Mo**

17. (a) Burial, cremation, or removal **Burial** **(b) Date thereof** **July 1 1945**
(Month) (Day) (Year)

(c) Place: burial or cremation **Harmony**

18. (a) Signature of funeral director **Frank Lee**
(b) Address **Appleton City, Mo**

19. (a) Date received local registrar **July 1 1945** **(b) Registrar's signature** **John W. Skell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Clair**
 (c) City or town **Rural** **95**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
 year **1945** hour **2** minute **30-a.m.**

21. I hereby certify that I attended the deceased from **May 2**, 1945 to **June 28**, 1945
 that I last saw him alive on **June 20**, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage** **4 Day**
Duration

Due to **Hypertension** **4 yrs.**

Due to **arteriosclerosis** **8 yrs.**

Other conditions: **Gastric ulcers**
(Include pregnancy within 3 months of death)

Physician _____
 Underline the cause to which death should be charged statistically.

Of findings: **None performed**
Of operations: _____
Of autopsy: **none performed**

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?
(Specify type of place)

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

23. Signature **M. O. Burke** (M. D. or other) **D.O.**
 Address **Rockville, Mo.** Date signed **6/28/45**

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

MOTHER FATHER

138-8

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District No. 6-42-70.1

Date Filed 7-13-45

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 Mr

on the 28th day of June 1945, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1899

P. O. Address Appleton City, 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.