

FILED SEP 19 1945
293

Registration District No.

Primary Registration District No. 4436

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME BENJAMIN F. WILLIAMSON

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 Widowed
6. (b) Name of husband or wife EMMA 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb, 15, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 17 _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Don't know 9
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Chauncey Williamson
(b) Address New London Mo.

17. (a) Burial (b) Date thereof Sept 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata

18. (a) Signature of funeral director D. Schuello

(b) Address LaPlata Mo.

19. (a) 9-2-45 (b) R. B. Berkney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ralls 87
(c) City or town New London 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1945 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from August 24, 1945, to Sept 2, 1945.
that I last saw him alive on Sept 2, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 1 yr.

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Eugene Durbin (M. D. or other) MD

Address New London Date signed 8-3-45

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SEP 20 1948

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

D. S. Christ

Licensed Embalmer No.

P. O. Address

*1100
La Plata*

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.