

FILED MAY 19 1947

Registration District No. 74

Primary Registration District No. 5295

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Blenton  
(b) City or town Concord Twp - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Blenton  
(c) City or town Rural Concord Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. - Lathrop (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SAMUEL LOWE Mc WILLIAMS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 4 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 27 hr. \_\_\_\_\_ min

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Schuyler N. Mc Williams

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

14. Maiden name Sallie Newland

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

16. (a) Informant Isaac L. Mc Williams

(b) Address Lathrop Mo. R 9 D

17. (a) Burial (b) Date thereof 5-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Williams Cemetery

18. (a) Signature of funeral director Joe L. Marler

(b) Address Platt's Drug Mo.

19. (a) May 3-47 (b) Emmie Chastain  
(Received local registrar) (Registrar's signature) 241a

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1947 hour 2 pm minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by firearm Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 16

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) Suicide

(b) Date of occurrence May 1, 1947

(c) Where did injury occur? Clinton Co. Mo  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury gun shot

23. Signature A. H. Templeton (M. D. or other) Coroner

Address Cameron Mo Date signed 5/1/47

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

MOTHER FATHER

JUL 26 1952

DISTRICT HEALTH OFFICE  
Cameron, Mo.

JUL 2 1952

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 Jess L. Martin  
Licensed Embalmer No. 4308  
P. O. Address Plattsburg

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.