

S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17018**

FILED JUN 6 1947

Registration District No. **109**

Primary Registration District No. **4180**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Campbell**
(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 **60 years**
years, months or days

3. (a) PRINT FULL NAME **Jesse F. Williamson**

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, married, divorced **Married**

6. (b) Name of husband or wife **Lucy Williamson**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **March 3 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	10	_____ hr. _____ min.

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

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **S. E. Williamson**

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

14. Maiden name **(Unknown) Hammer**

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

16. (a) Informant **Lucy Williamson**

(b) Address **Campbell Missouri**

17. (a) Burial, cremation, or removal **Dexter Cemetery**

(b) Date thereof **5-15-47**
(Month) (Day) (Year)

18. (a) Signature of funeral director **Lander Funeral Home**

(b) Address **Campbell Missouri**

19. (a) May 21-47 (Date received local registrar)

(b) Mis. Beulah Campbell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**

(c) City or town **Campbell**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
year **1947** hour _____ minute **4:00 PM**

21. I hereby certify that I attended the deceased from **30 March**
_____, 19**47** to **13 May**, 19**47**
and that death occurred on the date and hour stated above.

That I last saw him alive on **30 March**, 19**47**

Immediate cause of death **Respiratory failure**

Due to **Chronic myocarditis**

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 _____

Signature **Wylie E. Turner Jr.** (M. D. or other)

Address **Piggott, Ark** Date signed **16 May 47**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 647-811

Date Filed 6-3-47

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.