No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42810

FILED DEC 26 1947

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 410

94
0
0

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 yrs. 8 mos. 11 das.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 94
(c) City or town Fredericktown RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route #3 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAMSON
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	18	hr. min.

9. Birthplace Grandview (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Albert Williamson
13. Birthplace Louisa County, (City, town, or county) Iowa (State or foreign country) 1
MOTHER
14. Maiden name Emma Winters
15. Birthplace Grandview (City, town, or county) Iowa (State or foreign country) 1
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Cem., Wapello, Iowa
18. (a) Signature of funeral director Dugan's Undertaking Service
(b) Address Wapello, Iowa
19. (a) 12-19-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 284

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1947 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from Nov. 1, 1946, 19..., to Nov. 30, 1947, 19...;
that I last saw him alive on Nov. 30, 1947, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral hemorrhage	3 das.
Due to	
Due to	
Other conditions Psychosis (Include pregnancy within 3 months of death)	at least 30 yrs.

Major findings:
Of operations
Of autopsy No autopsy.

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature John A. Brennan (M.D. or other)
Address State Hosp. #4, Farmington, Mo. Date signed 12/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1-247-159

Date Filed 12-23-

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington N.Mex.

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.