

FILED APR 22 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13418

State File No. ....

Registrar's No. 26

Registration District No. 277

Primary Registration District No. 5787

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Wyatt-Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 1/2 miles So. Ea. Wyatt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 Years  
(Specify whether years, months or days)  
In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Wyatt, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 1/2 miles So. Ea. Wyatt  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Robert W. Williamson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Zelona Williamson  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased February 8 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 1 26 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Frank Williamson

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

14. Maiden name No Record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Zelona Williamson

(b) Address RFD, Wyatt, Mo.

17. (a) Burial (b) Date thereof 4-8-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, Charleston, Mo.

18. (a) Signature of funeral director Wm. F. Hummel

(b) Address Charleston, Missouri.

19. (a) 4-13-48 (b) Mrs. J. B. Bondurant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th  
year 1948 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased Attended as Coroner  
that I last saw alive on April 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Duration Few  
Minutes

Due to.....  
Due to.....

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

Major findings:  
Of operations..... gpx

Of autopsy none

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.....

23. Signature Wm. F. Hummel (Date signed) 4-4-48

Address Charleston, Mo.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 48-486

Date Filed 4-19-48

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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 John F. Munnell Jr  
Licensed Embalmer No. 3851  
P. O. Address Charleston, 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.