

FILED MAR 14 1947

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 26

1. PLACE OF DEATH: Pulaski  
 (a) County Pulaski  
 (b) City or town Swedeborg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Pulaski  
 (c) City or town Swedeborg mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) None  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chasley Williams  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 28th  
 year 1947 hour 10 minute 4 M.  
 21. I hereby certify that I attended the deceased from Feb. 20, 1947, to Feb. 28, 1947  
 that I last saw him alive on Feb 10, 1947  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Maryann Williams 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased Aug 10th 1869  
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2 days  
 Due to Hypertension, (essential)  
 Due to Senility  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Swedeborg MO (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings: 83A  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Henry Williams  
 13. Birthplace Billings MO (City, town, or county) (State or foreign country)  
 14. Maiden name Matilda Gardner  
 15. Birthplace unknown Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Paul Williams  
 (b) Address Swedeborg mo.  
 17. (a) None (b) Date thereof 3-1-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bethlehem Cem.  
 18. (a) Signature of funeral director R. S. Deeper  
 (b) Address Richland Mo.  
 19. (a) 3/2/47 (b) Louis B. McClintock  
 (Date received local registrar) (Registrar's signature)

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 job) \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature John A. Mikalovich (Specify type of physician)  
 Address Crocker, Mo. Date signed 3-1-47

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

JUN 17 1947

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.....

*Arle E. Bunch*....., Registered Apprentice No. *481*  
working under my personal supervision.

Signed *RB Zeeper*.....

Licensed Embalmer No. *3198*

P. O. Address *Reckland 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.