

1. PLACE OF DEATH: Mercer
 (a) County: Princeton
 (b) City or town: Princeton
 (c) Name of hospital or institution: no
 (d) Length of stay: In hospital or institution: most all his life
 In this community: most all his life

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Mercer 65
 (c) City or town: Princeton
 (d) Street No.:
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME: Sherman G. Williams
 3. (b) If veteran, name war: no
 3. (c) Social Security No.: no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: Jan day: 16
 year: 1948 hour: 3 minute: 33 AM

4. Sex: male
 5. Color or race: white
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: Grace F. Williams
 6. (c) Age of husband or wife if alive: 77 years
 7. Birth date of deceased: Aug 18, 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25, 1948 to Jan 16, 1948
 that I last saw him alive on Jan 15, 1948 and that death occurred on the date and hour stated above.
 Immediate cause of death: cerebral hemorrhage
 Duration: 22 days

8. AGE: Years: 81 Months: 4 Days: 29
 If less than one day: hr. min.

Due to:
 Due to:

9. Birthplace: Fairfax, Iowa
 (City, town, or county) (State or foreign country)

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

10. Usual occupation: Merchant

Major findings: Of operations: (Signature)

11. Industry or business:
 12. Name: Semmean Williams
 13. Birthplace: Penn.
 14. Maiden name: Snook
 15. Birthplace: Penn.
 16. (a) Informant: Harris, MO
 (b) Address: Princeton, Mo
 17. (a) burial (b) Date thereof: 1-18-48
 (burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Noel Moss
 18. (a) Signature of funeral: Princeton, Mo
 (b) Address:
 19. (a) 1-16-48 (b) M J Rutz
 (Date received local registrar) (Registrar's signature)
 Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Of autopsy:
 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: J J Lewis (M. D. or other) med.
 Address: Princeton Mo Date signed: 1-16-48

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 Underline the cause of which death should be charged statistically.

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WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

FEB 10 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

DISTRICT HEALTH OFFICE
STATEMENT BY LICENSED EMBALMER
Cameron, Mo.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed Heel Travis

Licensed Embalmer No. 2634

P. O. Address Princeton

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.