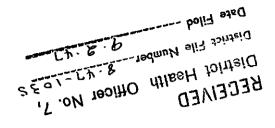
No. 2 -1/47 -17-39	FEDERAL SECURITY AGENCY		ION OF HEALTH FICATE OF DEATH	State File No. 275	511
	Registration District No. 137	Primary Registration Dis	ct No. 3. 0.2.3. Registrar's No		8.2
RECORD	1. PLACE OF DEATH: (a) County	"RURAL" and name of township) Hoskital	2. USUAL RESIDENCE OF DECE (a) State MASSELLA (c) City or town.	city or town limits, write 'RURA'	0
NT 1	In this community	av .			
PERMANENT RECORD	3. (a) PRINTWILLIAMIT, FULL NAME WILLIAMIT, 3. (b) If veteran, name war.	Jog ELi 3. (c) Social Security No.	20. DATE OF DEATH: Month	ur 18 minute34	• •
INK—MAKE A P	4. Sex Male C race Like 6. (b) Name of husband or wife	divorce N. Gordon or wife if	11 <i>0</i> 0 0 1.	Sin Muguet 24	19.47 19.42 Duration
	7. Birth date of deceased (Month)	(Day) (Year)	Cerebral b	Campulaige	Coday
BLACK I	8. AGE: Years Months Day:	If less than one day	Due to	es Outerio-	Unhuan
plainly—using unfading bi	9. Birthplace (City, 1948, or county) 10. Usual occupation.	(State or foreign country)	Other conditions	in Augusti	inhun
	11. Industry or jusiness. 12. Name Diny and 13. Birthplace. 13. Birthplace. 14. Maiden name Dilli to or county.	y geli 5 y tre sland U (Stop or forcism country)	Major findings: Of operations	une 93P	Underline the cause of which death should be
	15. Birthplace(City, town or county)	State Foreign country)	22. If death was due to external ca) / _	charged statistically.
	(Burial, cremation, or removal)	Date thereof N. 26-47 (Month) (Day) Year)	(b) Date of occurrence	(City or town) (County)	(State)
WRITE	(c) Place: burial or cremation (d) 18. (a) Signature of turn ral director (b) Address (d) 19. (a) 5 - 4 7 (b)	salust Pech Ins Kenney	While at work?	Specify type of place)	` & L . L
	(Date received local registrar) Jefferson City Printing Co.	(Licensed Embalmer's	Il AddressStatement on Reverse Side)	Date sign	



DEC 6

STATEMENT BY LICENSED EMBALMER

				•	
I hereby certify that the body whose name is recorded	on the reverse side of t	his certificate wa	as embalmed b	y me, or	by *
	•				
		Registered	Apprentice No		

working under my personal supervision.

Signed Licensed Embalmer No. 3

P. O. Address Visitor m

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.