DETTY NO. 1. PLACE OF DEATH a. COUNTY C GAR D. CITY (II conside corporate limits, write BURAL and sirve unwahlp) STAY (in this plant) D. CITY (II conside corporate limits, write BURAL and sirve unwahlp) STAY (in this plant) G. FILL NAME OF (II and in hospital or fundaments, afree stream address or location) G. FILL NAME OF (II and in hospital or fundaments, afree stream address or location) G. FILL NAME OF (II and in hospital or fundaments, afree stream address or location) G. STATE ON TOWN STOCK TON G. FILL NAME OF (II and in hospital or fundaments, afree stream address or location) G. STATE ON TOWN STOCK TON G. STATE ON TOWN STOCK TOW			THE DIVISION OF H			L
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b. CITY (III conside scropment limite, write RURAL and give township) STAY (in the place) TOWN STOCKTON d. FILL NAME OF (II and is benefited the circumstance) INSTITUTION S. SOUTH ST. DECEASED A. (FIRST) B. (Middle) C. CLYY (III consides compress limite, write RURAL and give township) C. CLYT (III consides compress limite, write RURAL and give township) CONN STOCKTON d. FILL NAME OF (II and is benefited to commission) J. (ALBERT C. CLYT O. M.		EATH	•	11		
OF TOWN STOCKTON d. FILL NAME OF (If and its bacytal of insultation, eye stress address or locations) 1. ADRESS (If rural, eye location) 3. NAME OF OF A (First) 3. SEX (COLON OR RACE (MORRID) 4. DATE (MORRID) 5. SEX (COLON OR RACE (MORRID) 6. COLON OR RACE (MORRID) 7. WARRIED AND RAFIED (MORRID) 7. WARRIED AND RAFIED AND A MORRID AND A RESIDENCE OF BIRTH 7. WARRIED AND A RESIDENCE OF BIRTH 8. DATE OF BIRTH 9. AGE (11 perm) 10. KIND OF BUSINESS OR IN: 11. BIRTHPLACE (Busine or toroless overstary) 12. CLUS OF OF BIRTH 13. NAME OF (IF STANDE) 13. NAME OF (IF STANDE) 13. NAME OF (IF STANDE) 14. NAME OF HUSBAND OR WIFE 15. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 16. SOCIAL SECURITY IT. IN FORMANT'S SIGNATURE OR NAME 17. NAME OF OUT OR NAME 18. CAUSE OF DEATH 18. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 18. CAUSE OF DEATH 18. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U. S. ARMED FORCEST (MORRID) 19. WAS DECLASED EVER IN U.	a. COUNTY C	Edar	<u> </u>	T. SIAIEM 'S		
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38. FATHER'S NAME COUS MERED FORCES 13. MOTHER'S MAIDEN NAME 14. MAME OF NUSSAND OR WIFE	done during most of wo	eking life, even if retired)	DUSTRY) A4 ~ /)	COUNTRY
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B. CAUSE OF DEATH Inter only one course per Inter one course per Inter only one course per Inter one course per Inter only one course per Inter one	Yes, no, or unknown)				7/17 54	0-4
Inter cally americans per line for (a), (b), and (c) "This does not mean he mode of dying, ruch he dying he mode of dying h			MEDICAL	CERTIFICATION	Just Story	I INTERVAL BETWEEN
This does not mean had wood of sying, such as heart failure, exthemia, sic. It means the distant failure, exthemia, sic. It means the distant failure, asthemia, sic. It means the distant failure, asthemia, sic. It means the distant failure, source (a) dating the underlying couse last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions counting death. 19a. DATE OF OPERATION 21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Meanth) (Day) (Year) (Hour) (Hour) (21o. INJURY OCCURRED WHILE AT WORK AT		1 1. DISEASE OR (CONDITION //	Att " Da	· CAMARIAN A	ONSET AND DEATH
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21a. ACCIDENT (Bracity) 21b. PLACE OF INJURY (a.g., in or about SUICIDE (Month) (Day) (Year) (Hour) bome, farm, factory, street, office bidg, etc.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22d. Thereby certify that I attended the deceased from My 1, 1949, to My 2, 1949, that I last saw the decease alive on My 1, 1949, and that death occurred at (1949), m, from the causes and on the date stated above. 22a. SIGNATURE (Decease) 22c. NAME OF CEMETERY GROSSENSOHY 24d. LOCATION (Oity, town, or county) (State) NOR A 1949 STOCKTON MO. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 54d 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	19a. DATE OF OPERA	A- 19b. MAJOR FIN		•	スプー	20, AUTOPSY1
SUICIDE HOMICIDE Property (Month) (Day) (Year) (Blour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 19 49, to deep the decease of the deceas	T10:	M .		$(X_{i_1,\ldots,i_{k-1}},X_{i_1,\ldots,i_{k-1}})$	J	YES □ NO D
216. TIME (Month) (Day) (Year) (Hour)	Ia. ACCIDENT	(Specify)			TOWNSHIP) (COL	JNTY) (STATE)
WHILE AT WORK AT WORK 12. I hereby certify that I attended the deceased from My 1, 19 49, to My 1, that I last saw the decease alive on My 1, 1949, and that death occurred at 10:40 p. m., from the causes and on the date stated above. The state of the course of the causes and on the date stated above.	HOMICIDE		home, farm, factory, street, omos hidg., etc.,	_		· · · · · · · · · · · · · · · · · · ·
22. I hereby certify that I attended the deceased from Phy		zh) (Day) (Year)		21f. HOW DID INJURY	Y OCCURT	
alive on ATM 10, 1949, and that death occurred at 10.40 P. m., from the causes and on the date stated above. 36. SIGNATURE Degree or title) 23b. ADDRESS 22c. DATE SIGNE 1-8-49 1004, REMOVAL (REMOVAL (REMOVAL) 1004, REMOVAL (REMOVAL) 1004, P. D.	เหมับ์ลץ	•				
alive on 1004 100, 1949, and that death occurred at (0.40 P. m., from the causes and on the date stated above. So. Si) GNATURE Degree of title) 23b. ADDRESS 23c. DATE SIGNE 1-8-49 1004, PLOCATION (Olty, town, or county) 1004, PLOCATION (Olty, town, or county) 1004, PLOCATION (Olty, town, or county) 1005, PLOCATION MO. 1007, PLOCATION MO. 1007, PLOCATION MO.	2. I herebu certif	u that I attended	the deceased from Jan.	1949, 10 20	in. 6, 1949, 17	at I last saw the decease
21a. BURTAL CREMA 24b. DATE 24c. NAME OF CEMETERY CREMENTERY 24d. LOCATION (City, town, or county) (State) TION REMOVAL Growthy TAN, 9/949 STOCKTON STOCKTON MO. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	alive on	u . 104	9, and that death occurred at			
240. NAME OF CEMETERY CRISCOPPY 240. LOCATION (City, town, or county) (State) TION REMOVAL Growth; TAN, 9.1949 STOCKTON STOCKTON MO. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	A. SIGNATURE	11/20	(Pegres or sitle)	23b. ADDRESS	to Dou	23c. DATE SIGNED
TICH REMOVAL Greatly TAN, 9.1949 STOCKTON STOCKTON MO. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS	4/11	RNU 2	- Dilli	1 Alad	2/10/ / //	1. 11-8-49
BOR'AL AN, 7/949 S/OCK/ON SIGNATURE ADDRESS	24a. BURIAL CRE	ZID. DATE		RY CR-GREMMEDITY	24d. LOCATION (Olty, town	n, or county) (State)
		JAM 7				
-15-49 Levera Marisony Lahn a. Cantlon, Welston, MC		AL REGISTRAR'S	SIGNATURE 1 54	25. FUNERAL DIREC	CTOR'S SIGNATURE .	ADDRESS LAA
(Licensed Embalmer's Significant on Reverse Side)	<u>1-15-49 </u>	Leve	va Harrison	stahu G	(.Cantlon	Mochelon, Y/10

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detrict Lieskin	Officer No.	7,

District File Humber 12-48-1627 Dato Filed ____

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.

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No. 4387

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.