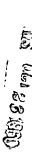
	FILED APR	1 6 19/19	THE DIVISION OF HEALTH OF MISSOURI						2426		
10.300 10.48	HILL ALK	10 1040	STANDAR	D CERTIF	ICATE OF D	DEATH	State F	ile No	たみたり		
V.48				.// 9	·		Act 3	1	343		
110	BIRTH NO		_ REG. DIST. NO.	<u> </u>	PRIMARY REG. DI		O() 2 Registr				
73	1. PLACE OF DEA	a. STATE	MO	/here deceased lived b. COUN	TY Clay	residence before admission).					
RECORD	b. CITY (II deplate so OR TOWN	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tearney Mo									
	d. FULL NAME OF (HOSPITAL OR INSTITUTION	d. STREET ADDRESS	(U musi,	give location)	•	1					
ĕ	3. NAME OF DECEASED 6/	a. (Fifst)	b. (M	ddle)	c. (Last)		4. DATE (1	Month) (Day	y) (Year)		
	DECEASED (Type or Print)	1014	CLI	TRK	go v	<i>j</i>	OF DEATH	MAY			
PERMANENT	5. SEX / 6.	COLOR OR RACE	7. MARRIED, NEVE WIDOWED, DIVO		SEPY-27-	1867	9. AGE (In years last birthday)	Months Days	F UNDER 21 HRS. Hours Min.		
V V	10a. USUAL OCCUPATION	'~ {\\\ -	10b. KIND OF BUS	INESS OR IN		State or foreign or	ountry)	12. Cr	TIZEN OF WHAT		
ER!	done during most of works	ng life, even if retired)	X	DUSTRY	G/ANC	ounk	ma	ク). .、္ ္	NTRY!		
A	HOME YEL	= P = /₹"	113b. MOT	HER'S MAIDEN	NAME		E OF HUSBAND		911		
▼	MHPCUS-	D. Ook	Fran	cis F	Wilson		X				
KE	15. WAS DECEASED EVE				17. INFORMAL	YT'S SIGNA	TURE OR NA	MĒ	ADDRESS		
МАКЕ	(Yes, no, or unknown) (If	Yes, give war or date	of service)	ro - NO.	Tena	200	w. Ke	imen	Mo. 82		
	18. CAUSE OF DEATH MEDICAL CERTIFICATION										
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR O DIRECTLY LEAD	ONDITION , DING TO DEATH* _(a) _	Cong	estine X	eart t	acluse	·	ERVAL BETWEEN SET AND DEATH		
		ANTECEDENT C	AUSES	0	0 000	à de la companya de					
CK	*This does not mean the mode of dying, such			TO (b)	Serility	F 19					
BL/	as heart failure, asthenia,- etc. It means the dis-	rise to the above the underlying ca	is, if any, giving DUE cause (a) stating use last.		* /						
	ease, injury, or complica-		DUE	TO (c)			:!		· · · · · · · · · · · · · · · · · · ·		
UNFADING	tion which caused death.		FICANT CONDITIONS buting to the death but : ase or condition causing			43	41				
FΔ	19a. DATE OF OPERA-		DINGS OF OPERATIO					20. /	AUTOPSY7		
NE	TION	. :						YE	s 🔲 no 🔼		
SING 1	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJUR home, farm, factory, etree	Y (e.g., in or about t, office bldg., etc.)	21c. (CITY, TOWN	, OR TOWNSHIP	r) (COL	INTY)	(STATE)		
SD-	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJUR WHILE AT WORK	Y OCCURRED NOT WHILE	21f. HOW DID INJ	JURY OCCUR?					
ĽĀ.	22. I hereby certify that I attended the deceased from 11-28, 1948, to 3-24, 1949, that I last saw the deceased										
PLAINLY	alive on 3-24, 1949, and that death occurred at 3 p.m., from the causes and on the date stated above.										
LA	23a. SIGNATURE	Herbert	B. Ram say		23b. ADDRESS	- //		C , 23c.	DATE SIGNED		
	Took	ers &	Jama	art, DC	1.17/2	Jack	son	mo 3	-14-49		
TTE	24a. BURIAL CREMA	- 24b. DATE	24c. NAM	E OF CEMETER	_	24d. LOCA	TION (City, town	ı, or county)	(State)		
WRITE	TION REMOVAL Bredly	" March	26 Fai	lview	Cem	1 Tea	uney		mo		
	DATE REC'D BY LOCAL		SIGNATURE		25, FUNERAL DI	RECTOR'S S	I GHATURE 3	ADDRES	3		
į,	3-54-49	Alles	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	tmea	Leone	red Fr	y Re	arney	mo		
	· · · · /	7	(Licena	ed Embalmer's S	statement on Revera	e Side) 📆	7 -	∅ \	~		



Licensed Embalmer No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse sic	de of this c	certificate v	vas embaln	ied by me, o	r by
working under my personal supervision.		Student	Embalmer	No	**********************
	<i>P</i>	_	0 1.		

P. O. Address Jeanne MID

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 for should be so made above.

Student Embalmer

If this body is not embalmed, fact should be so stated above.