	FILED THREE	0.45.5	THE DIVISION OF HE	ALTH OF MISSOU	/RI	
No.300	FILED JUN 1	U 1949	STANDARD CERTIF		ATH State	File N. 15732
10.48	BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST.		strar's No. 2211
40	I. PLACE OF DEATH					ved. If institution: residence before
70	a. COUNTY	CK50N	/	a. STATE MISS	SOURI 6. COU	JNTY JACKSON admission).
	b. CITY (If outside corpura)	te limite, write RUR	RAL and give c. LENGTH OF township) STAY in this place	oll OR 🖅	porate limits, write RURAL az	nd give township)
Ä	TOWN KANS	45 C17	ry yay,	TOWN / A	NSAS CIT	- Y-4K 31
PERMANENT RECORD	d. FULL NAME OF (If not HOSPITAL OR INSTITUTION -	t in hospital or instit	itation, give street abdress of location)	d. STREET ADDRESS	(If rural, give location)	IELD !
E.	3. NAME OF a. () DECEASED	(First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Day) (Year)
Ħ		NVER	EARL	BASOR	DEATH DEATH	5-18-14
E			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8postly)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
Ě	MALE UW.	HITE	MARRIED	MAY-6-19	108 41	
R.	10a. USUAL OCCUPATION (Control done during must of working life	e, even if retired)	iob, Kind of Business or in- dustry	11. BIRTHPLACE (Blate of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PE	SERVICE ST	"OPERATOR		KICH H		OURL USA.
▼	13a. FATHER'S NAME	57.	13b. MOTHER'S MAIDEN	NAME	1	D OR WIFE
B	15. WAS DECEASED EVER IN	N U.S. ARMED FOR	RCES? 16. SOCIAL SECURITY	7 INFORMANT'S		HERINE BASORE
MAKE	(Yes, no, or unknown) (If yes, s	give war or dates of s			DACADE -	3112 Safield
7	18. CAUSE OF DEATH		<u> </u>	CERTIFICATION	BASONE	INTERVAL BETWEEN
INK-	Enter only one cause per ![DISEASE OR CONF	CTO DESTRIC	MANNE	Deallista	ONSET AND DEATH
H	nne for (a), (b), and (c)		(J)	- July	annan	
CK	1 "7 018 0008 700 17207	NTECEDENT CAUS		(/	1	
BLA	the mode of dying, such Mas heart failure, asthenia - 118	forbid condutions, if se to the above caus	if any, giving DUE TO (b) se (a) stating ·		114-01	
- 11	etc. It means the dis-	e underlying cause	DUE TO (c)	- · · <u>- ·</u>	40	
N.G.	tion which caused death. 11.		CANT CONDITIONS	1	2/2 1 1	
ī	CA TE	onditions contributiveled to the disease	ing to the death but not or condition causing death	day 11/1	Near Texas	ach
UNFADING)		NGS OF OPERATION	1 11-11		20. AUTOPSY?
N. I	·	_/ </th <th>KUNG 190</th> <th>ut Lev</th> <th>mo</th> <th>YES NO</th>	KUNG 190	ut Lev	mo	YES NO
USING	21a. ACCIDENT (BA	AAAA 21b	b FLACE OF INJURY (e.g., in or about ms, farm, factory, street, office oldg., etc.)	21c. (CLTÝ, TOWN, OR	TOWNSHIP) (CC	OUNTY) (STATE) !
80	21d. TIME (Month) (D	Day) (Year) (Hou		211. HOW DID INJURY	OCCUR?	
Ī	OF INJURY		MHILE AT NOT WHILE WORK			
LY	22. I hereby certify that	I attended the	deceased from	, 19, to		that I last saw the deceased
	alive on	19	and that death occurred at		he causes and on the c	date stated above.
PLAINLY	234 SIGNATURE HE	1841 His Uni	(Degree or title)	23b. ADDRESS	12.001	23c. DATE SIGNED
3	WILLAM Y	(//www	1d Coronly	1034/MA	Y/10 SYNG	1 10 20 47
	ZAS. BUR AL. GREMA- 2	ZÃb. DATE	24c. NAME OF CEMETER	RY OR CREMATORY	24d. LOCATION (City, Con	wn, or county) (State)
¥ (EMENTAL /	<u>4AY-21-19</u>		WN	KICH HYLI	1, MO,
. ~]	DATE REC'D BY LOCAL REG	REGISTRAR'S SIGI	SNATURE	25. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS VIM
Į.	5-21-491	Steral	dere Holmes	Statement on Reverse Side	unera se	w-ruch HAU/Ko.
			(Licenses Embelmer's	autement on Keverse and	4 ₽ }	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	is certificate	was embalmed by	me, or by
	., Studen	t Embalmer No	
working under my personal supervision.			
2 4	I m	alton	

Student Embalmer

Licensed Embalmer No. 27444

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.