	_	•	THE DIVISION OF HE	ALTH OF MISSOURI		A reference of the A		
5. No.300	FILED MAY 3	31 1949	STANDARD CERTIF	ICATE OF DEATH	State File No.	15345		
v10-48	BIRTH NO.		REG. DIST. NO. 301	PRIMARY REG. DIST. NO.	6040 Registrar's No			
91	1. PLACE OF DEAT	<u>н</u>		2. USUAL RESIDENC	CE (Where deceased lived.) If is	estitution: residence before		
<i>' 2.</i>	a. COUNTY RIP	ley		a. STATE	B. COUNTY-	ndinimion).		
()	b. CITY (If outside corp.	urate limite, write R	URAL and give c. LENGTH OF township) STAY (in this place)	c. CITY (If outside corporate	ilmits, write BURAL and give tor	rnahip) 5		
· ·		- POYNOR	township 8 Years	TOWN RUYAL-	Paymor town	sh.p1		
RECORD	d. FULL NAME OF (1) HOSPITAL OR INSTITUTION	not in hespital or in	stitution, give street address or location)	d. STREET (IF ADDRESS	rural, give location)	J		
. E	3. NAME OF A DECEASED	. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)		
		CORGE	5 .	Allen	ОF DEATH Д_	17-1949		
PERMANENT	5, SEX 6, C	OLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Meath	R I TEAR OF UNDER 11 HES.		
4	MATE U	hite I white	MARRIED /	11. BIRTHPLACE (State or for	<u> </u>	12. CITIZEN OF WHAT		
ER.	done during most of working	ille, even if retired)	DUSTRY		/	COUNTRY		
PI	FARMING		Retired FARMER	Kentucky	. NAME OF HUSBAND OR WI	1 U.S.A.		
∢	13a. FATHER'S NAME		UNKNOWN	• •	1 041	eN		
KE	IS. WAS DECEASED EVER	IN II S ARMED E		1	I GNATURE OR NAME	ADDRESS		
MAF	(Yee, no, or unknown) (If ye	m, give war or dates	of service) NO.	!		ON City, Town		
7	18. CAUSE OF DEATH	<u> </u>	MEDICAL O	ERTIFICATION /	HEN - HOUNT	INTERVAL BETWEEN		
Ŧ.		DISEASE OR CO	NOTION JY-	and detail	フ・・・·	ONSET AND DEATH		
Z	line for (a), (b), and (c) DIRECTLY LEADING TO DEATH* (a)							
CK	*This does not mean	ANTECEDENT CA	<i>f m</i> '	the all In	Sisplish.			
BLAC	the mode of dying, such as heart fallure, arthenia,							
181	etc. It means the dis-	the underlying cau	se last. DUE TO (c)	ext. Lis	mities			
<u> </u>	ease, injury, or complica- tion which caused death.	II OTHER SIGNIE	CICANT CONDITIONS	V Wysajico	Upscock	- 11		
SIS		Conditions contrib	uting to the death but not		••	4.217		
UNFADING	19a. DATE OF OPERA-		or condition couring death.	······································	.,	20. AUTOPSY?		
E	TION					YES NO		
	21a. ACCIDENT (F	Specify) 2	21b. PLACE OF INJURY (e.g., to or about	21c. (CITY, TOWN, OR TOW	(COUNTY)	(STATE)		
N.G	21a. ACCIDENT (E SUICIDE HOMICIDE	.	nome, farm, factory, street, office bidg., etc.)			•		
USING	21d, TIME (Month)	(Day) (Year) (i	Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCC	CURT	•		
. 7	OF INJURY		WHILE AT NOT WHILE WORK			•		
Ä	22. I hereby certify th	at I attended to	1/2 /	1949. 10 4-	17-, 194Q, that I le	ast saw the deceased		
PLAINLY	alive on 4-/	<u>5 - , 1944</u>				led above.		
7	234. SIGNATURE	1	· (Degree or title)	236. ADDRESS		23c. DATE SIGNED		
	Licalu.	Ildas	ulaw My		willo.	14-18-49.		
»RITE	24g/BURIAL, CREMA- TION, REMOVAL (Specify)	24b, DATE	24c. NAME OF CEMETER		LOCATION (City, town, or co	unty) (Staté)		
·· M	REMOVAL	4-18-194			PANT CITY	MISSOURI		
	DATE REC'D BY LOCAL	REGISTRARYS S	ISNATURE 217	25, FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		
	4-20-77	1614° Y	opusion 1	1 L.W. Edwar	de Bonisha	mo.		
	<u> </u>		(Licensed Embalmer's S	Statement on Reverse Side)		_		

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RECEIVED 5/6 District Health	$O(1)O_{2}$	No.	6
Distator Lines	5493	67.	فتجري
District File Number	5/28	/49	اعضو

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on t	the reverse side of this certificate was embalmed by me, or by	··
		•••••••
working under my personal supervision.		
Student	Signed Carl B. Birl	

P. O. Address Pouglas Proposition of licenses.)

Licensed Embalmer No. 4306

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

Student Embalmer