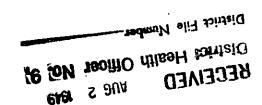
10.300	FILED AUG	4 1949		E DIVISION OF HI NDARD CERTI						ググミ	A A	
10.48		4 1343		1ST. NO. 38		PRIMARY REG. DIST.	_	2.0	ile No	. 1933 . 1933		
10	I. PLACE OF DEA	TU	REG. D	131. NO		2. USUAL RESID			rar's No.			
2	a. COUNTY Boone					A CTATE	souri	Where decessed live b. COUN	d II imi Gy Soone		nee before designion).	
7	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF OR township) STAY (is this place) 2 Years					c. CITY (Nemarkic corporate limits, write RURAL and give township) OR TOWN COlumbia						
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION E. Suburbs					d. STREET (If reral, give location)  ADDRESS  E. Suburbs					<del>U</del>	
EC		· · · · · · · · · · · · · · · · · · ·	_!	- 0 - 0	<u> </u>	7-22-22-2-2			_ /\_			
	DECEASED	a. (First) ANNIE		b. (Middle)		c. (Last)		i OF	Month)	(Day)	Year)	
L	(Type or Print)				NOLD		I DEATH July 29.		<del></del>			
ANE	5. SEX 6. COLOR OR RACE 7 Female White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH		9. AGE (In years of UNDER last birthday) Months			Min.	
PERMANENT	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home			D OF BUSINESS OR IN- DUSTRY	7	11. BIRTHPLACE (State		ountry)		12. CITIZEN COUNTRY?	FWHAT	
į.	13a. FATHER'S NAME		1	36. MOTHER'S MAIDE	N	NAME	14. NA	AE OF HUSBAND	OR WIFE			
4	J ohn Guthrie Walker			Fannie Asen	at	th Harper	Wil	liam Most	y Arr	nold		
-MAKE	15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes, no. or uninown) (If yes, give war or dates of sorvice)			16. SOCIAL SECURITY NO.	-	17. INFORMANT' Mrs. W.E. Wo			_	ADDE	ESS	
INK—,	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*(a)  MEDICAL CERTIFICATION  DO SALLON 300NSET AND DEATHY  OF THE PERSON OF THE PER										ETWEEN DEATH 449	
BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, the underlying cause (a) stating the underlying cause last.									45		
1	ease, injury, or complication which caused death.  11. OTHER SIGNIFICANT CONDITIONS											
ADI		death but not ion causing death.						422	<u> </u>			
UNFADING	19a. DATE OF OPERA-:	OPERATION	•		• . •	•	* .	20, AUTOPS	777 NO 🔲			
i i	21a. ACCIDENT ( SUICIDE HOMICIDE	(Specify) 2	21b. PLACE some, farm, f	OF INJURY (e.g., in or about actory, street, office bidg., etc.)	;	21c. (CITY, TOWN, OR	TOWNSHII	P) (COL	JNTY)	(STAT	E) .	
-USING	21d. TIME (Month) OF INJURY	. (Day) (Year) (I		1e, INJURY OCCURRED HILEAT NOT WHILE WORK AT WORK	] ]	21f. HOW DID INJURY	OCCUR7					
PLAINLY	22. I hereby certify the alive on	rat I attended th	he deceas	ed from 4-1/-4 hat death occurred at	8	, 19, to	re couses	7, 19 48, th	at I last	saw the de	ceased	
T.	23. SIGNATURE	Ī	Z3b. ADDRESS				23c. DATE S	SIGNED				
	2-1-14	1	To alm	u le	Ma Ma		7-3-0	-49				
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Specify) Removal	July 30.	1949	246. NAME OF CEMETE Memorial				tion (City, town er, Misso	•	(£	inte)	
=	DATE REC'D BY LOCAL REG.	REGISTRAR'S SI	IGNATURE		۱	25. FUNERAL DIRECT		GNATURE		DRESS	<del></del>	
Į.	<u>9078 30 1448.</u>	1 mus R	<u>93.</u>	(Licensed Embelmer's	<u>ا د</u>	JANNEN JUL	noral	aemin	, eo	umb	<u>w</u> .:	
				And a second of the second of the second			-,				110	



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of this	certificate was embal	med by me, or by
27		Student Embalma	r No
orking under my personal supervision.	***************************************		

Licensed Embalmer No ....

Student Embalmer

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.