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1. PLACE OF DEATH a. COUNTY b. CITY (If outside comporate limits, write RURAL and give township) c. LENGTH OF OR TOWN STAY (in this place) d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR HOmer G Phillips Hospital 3. NAME OF a. (First) b. (Middle) c. (Length OF OR TOWN STAY (in this place) TOWN STAY (in this place) TOWN STAY (in this place) d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR HOmer G Phillips Hospital 3. NAME OF a. (First) b. (Middle) c. (Last) c. (Last) d. DATE (Month) (Day) DEATH August 29, 19 DEATH August 29, 19 JOHN 10a. USUAL OCCUPATION, (Clivis kind of work) done during mospit gorkiscidie, sven if retired) 10b. KIND OF BUSINESS OR IN- DUSTRY 113b. MOTHER'S MAIDEN NAME Let Country (Yes. no, or unknown) (If yes. size y art or dates of service) INC. AUSE OF DEATH Enter only one counsport Ine for (a), (b), and (c) DECETATION DECETATION 1. DIFORMANT'S SIGNATURE OR NAME NO. INTERVA- ONE IN THE COUNTRY OF THUSBAND OR WIFE MEDICAL CERTIFICATION DECETATION INTERVA- ONE IN THE MEDICAL CERTIFICATION ONE INTERVA- ONE IN THE MEDICAL CERTIFICATION INTERVA- ONE IN TOWN INTERVA- ONE IN THE MEDICAL CERTIFICATION INTERVA- ON	വവ
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	et.
as heart failure, asthenia, rise to the above cause (a) stating the underlying cause last.	e
case, injury, or complica- tion which caused death. II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO YES.	OPSY?
21a. ACCIDENT (Breedty) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (Dome, farm, factory, street, office bldg., etc.)	TATE)
21d. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK	A
22. I hereby certify that I attended the deceased from 8-5 1949, to 8-29 , 1949, that I last saw the alive on 8-29 , 1949, and that death occurred at 9:25p m., from the causes and on the date stated above.	
	deceased
Tion REMOVAL Prostry Sept 3/4 9 Westington Park Cum 1 540. Date Westington Park Cum 1 540.	TE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNAPORE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TE SIGNED
SEP 1 1949 & B Francier File Seller 4214 Deliner	TE SIGNED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate v	was embalm	ed by me, o	r by
working under my personal supervision.	Student	Embalmer (No	***************************************
		<i>()</i>		

Signed J. G. Gree Licensed Embalmer No. 2963

P. O. Address 42 14 Delman

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.)

Student Embalmer

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