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PRIMARY REG. DIST. NO. PRIMARY REG. DIST.	7.5. No.300	CIEN DE C 9 19/19	STANDARD CERTIF	ICATE OF DEATH	State File No	36501
1. FLACE OF BEATH B. COUNTY AND		1	REG. DIST. NO	PRIMARY REG. DIST. NO.	64 Registrar's No	52
ONN (Added) G. FILLE RAME OF 110 cat in brogatal or leading time. give refere a table place of the control of	13				b. COUNTY	intion: residence before submission).
d. STREET ADRESS / STREET ADDRESS / STREET ADDRE	0	∥ OR → / / // .	township) STAY (in this place)	c, CITY (If ourselfs confine limits, work Class	ortic BURAL and give towns	hip)
Compared to the property Country	CORI	HOSPITAL OR	titution, give street address or location)	ADDRESS 7	est ada	bress!
13. MOTHER 5 MAD DER MANUEL 13. MOTHER 5 MADER NAME 14. MOTHER SECRETARY NO. 15. MOTHER 5 MADER NO. 15. MOTHER 5 MADER NO. 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 16. MOTHER SE				[]. 1 / 2 . 2	OF 7/ f	
133. MOTHER S. MAIDEN NAME 135. MOTHER S. MOTHER S. MAIDEN NAME 135. MOTHER S. MOTHER	ANEN	Temale White	WINOWED, DOVORCED (Specify)	May 23/875	last birthday) Months	Days Hours Min.
133. MOTHER S. MAIDEN NAME 135. MOTHER S. MOTHER S. MAIDEN NAME 135. MOTHER S. MOTHER	PERM	10a. USUAL OCCUPATION (Give kind of work-	DUSTRY.	11. BIRTHPLACE (Blate or foreign con Weatherby	Mso)	12. CITIZEN OF WHAT SOUNTS
Section Computer	.	John J Clevenge	V Watherine	Jugger Re	J.W.7. Va	nover
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tion which caused death. Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA! 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X X X X X X X X X		DUE TO (c)				
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WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 11-13 23. I hereby certify that I attended the deceased from 11-13 24. I hereby certify that I attended the deceased from 11-13 25. I hereby certify that I attended the deceased from 11-13 26. DATE SIGNED 27. I hereby certify that I attended the deceased from 11-13 28. SIGNATURE. 29. DATE SIGNED 29. DATE SIGNED 20. DATE SIGNED 20. DATE SIGNED 21. PART TONE DUTE 21. DATE SIGNED 22. DATE SIGNED 23. DATE SIGNED 24. NAME OF CEMETERY OR CREMATORY 24. NAME OF CEMETERY OR CREMATORY 24. NAME OF CEMETERY OR CREMATORY 25. PONERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS		21a. ACCIDENT (Bpecity) 2 SUICIDE HOMICIDE	ib, PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
alive on 1-22-49, 19, and that death occurred at 2 H m., from the causes and on the date stated above. 23a. SIGNATURE. (Degree or title) 23b. ADDRESS Pattons burg M. OO 11-23-49 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, sorm, or county) MEMOTAL Greatly Nov 27 49 Hopowell Churchy Naves B MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 37 STONERAL GIRECTOR'S SIGNATURE ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 28 49 NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 29 HOPOWELL CONTROL OF CEMETERY OF CREMATORY ADDRESS NOV 29 HOPOWELL CONTROL OF CEMETERY OF CEMET	٦	21d. TIME (Month) (Day) (Year) (F OF INJURY	WHILE AT NOT WHILE WORK AT WORK			
24 BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, 100pn, or county) (State) White a county Now 27 49 Hopewell Churchy Naves 5 MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 37 25, FONERAL GIRECTOR'S SIGNATURE ADDRESS NOV 28/49 Hopewell Churchy Nave House House House to	KIKIK	22. I hereby certify that I attended the alive on 122-49, 19	e deceased from	-3 10 1 NOV - 23 - 1	-949, that I tas	d above.
nor 28/49 Illery Jones o Frank Fuere House Hame Hame			iles M.DO		Mo :	<u> </u>
nor 28/49 Illery Jones o Frank Fuere House Hame Hame	WRIT	Darial Nov 27	49 Hopowell	Buestery Nav	es Co.	mo
WWW Silver Charles State of Control of Contr	71/20	DATE REC'D BY LOCAL REGISTRAR'S \$1	GNATURE 370	Frace tues	il House H	recellon
Consensed consenser 5 Statement on several Side)			(Licensed Embelmer's S	tatement on Reverse Side)		Mo



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	ne reverse side of this certificate was embalmed by me, or by
	Student Embalmer No.
orking under my personal supervision.	\bigcirc \bigcirc \bigcirc

Student Embalmer

Licensed Embalmer No.

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.