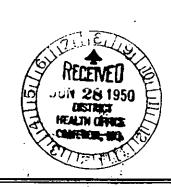
		THE DIVISION OF H	EALTH OF MISSOU	IRI	0000
FILED AUG	2 1950	STANDARD CERTI	FICATE OF DEA	TH Stat	10 File No. 2292
BIRTH NO.		REG. DIST. NO. 46	_ PRIMARY REG. DIST.	NO. 5154 Real	sistear's No. 28
I. PLACE OF DE	ATH		12 USUAL RESID		lived. If institution; residence b
a. COUNTY			li a. STATE	ь. со	OUNTY YTRUC
	ıldwell		-	souri	<u> Caldwell</u>
b. CITY (If outside e	orporate limita, write I	RURAL and give c. LENGTH Of township) STAY (in this place	c. CITY (If outside cor:	porate limite, write RURAL	and give township)
	bile Tow	nship 13 vr		ckenridge.	Mo. 0/30
		institution, give street address or location		(If rural, give location)	//
HOSPITAL OR			ADDRESS	(=	
	<u>Caldwell</u>	County Home		· · · · · · · · · · · · · · · · · · ·	
3 NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Day) (Year
(Type or Print)	Francis	Albert B	Hanlev	OF DEATH	June 13, 195
5. SEX λ 6	COLOR OR RACE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify)		9. AGE (In re	ears IF UNDER 1 YEAR IF UNDER 14
_ 0				lest birthday	r) Months Days Hours M
male	white	never marrie		<u>868 l 81</u>	11
IOa. USUAL OCCUPATI _ done during most of work	ON (Give kind of work	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF W.
urniture		cabinet shop	Missour	1.	U.S.A.
3a. FATHER'S NAME		136. MOTHER'S MAIDE		14. NAME OF HUSBAI	
Wm.B. Hanl		·	*1		_
5. WAS DECEASED EV		Sarah B		S SIGNATURE OR I	NAME 1885
(Yes. no. or unknown) (1			J. INFORMANT	S SIGNATURE OF T	NAME ADDRES
no		<u>none</u>	1 1 X X X 2	ulker. Kin	reston, mo.
8. CAUSE OF DEATH			CERTIFICATION		INTERVAL BETWE
Enter only one cause per	1. DISEASE OR C	ONDITION OING TO DEATH*(a)	lana 0 1300	muller.	ONSET AND DEA
ine for (a), (b), and (c)	DINECTE! EDAD	into 10 DEATH (a)	- Joseph (Com		
*This does not mean	ANTECEDENT C	AUSES	-Aa		7 '
he mode of dying, such	Morbid condition	s, if any, giving DUE TO (b)	moring all	4-0-1L	
us heart failure, asthenia,	rise to the above of the underlying car	cause (a) stating		•:	
tc. It means the dis-	we minute system cut	DUE TO (c)			
est, injury, or complica- ion which caused death.	IL OTHER SIGNI	FICANT CONDITIONS	• •		·
		buting to the death but not use or condition couring death.			1321x
	·				<u> </u>
9a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION		. '	20. AUTOPSY?
1104	1				YES NO
Ia, ACCIDENT	(Specify)	21b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP) (C	COUNTY) (STATE)
21a. ACCIDENT SUICIDE HOMICIDE		bome, farm, factory, street, office bldg., etc.			• • • • • • • • • • • • • • • • • • • •
		m . I to a trillay occupate	ar how bib in and	000103	
21d. TIME (Month OF) (Day) (Year) ((Hour) 21e. INJURY OCCURRED WHILE AT [] NOT WHILE [21f. HOW DID INJURY	CLURI	
เหมีบัลช	*	WORK AT WORK	<u> </u>		
2I hereby certify	that I attended t	the deceased from Gusa.	13.1850-10	10	that I last saw the decea
alive on Year		···· /····· —————————————————————	, ,	ne causes and on the	
	, 19 1	. /		10 CR 110 CA 110	
34. SIGNATURE	, , , ,	(Degree or title)	23b. ADDRESS	≯ γ	23c. DATE SIGN
	rank 1	(-t) aller 14D	1 Harriel	7000	My - 16-55 30
24a. BURTAL, CREMI TION, REMOVAL (Breeff)	A- 24b. DATE	24c. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (City, to	own, or county) (State
TION, REMOVAT (Speats	" 6-15-	1950 Rose Hill	Cemetery	Breckenrie	dae Missou-i
DATE REC'D BY LOCA			25 FUHERAL DIRECT		dge, Missouri
DATE RELID BY LOCA		SIGNATURE (\ 37		00.7	1 - L
me/26/1.	Ma	dyo Jones	Veramer	Telerk.	rungsion, 1)
7 70		(/Virgand Embelmet's	Sestement on Deverse Sid	•)	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	reverse side of this certific	ate was embalmed b	y me, or by	
>	Stu	lent Embalmar Ma	*****	
			***************************************	,
working under my personal supervision.	4	0	•	

Simed Gramer Clark

Licensed Embalmer No. 3257

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.