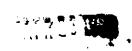
ETLED AD	D on tore	THE DIVISION	OF HEAL	TH OF MISS	OURI		_	
FILLU AF	R 26 1952	STANDARD	CERTIFIC	ATE OF D	<del>⊊</del> ATH	Sta	te File No	2993A
BIRTH NO		REG. DIST. NO	<u>53</u> , k	MARY REG. DIS	т. но. <u>-57</u>	185 Rec	istrar's No	119
1. PLACE OF DE.	June 1	deace	2.	USUAL RES	IDENCE (W	/bere densased b. C	TIMTY 4	intion: residence before admission).
b. CITY (II outlide of OR TOWN	orpurite Mile, write I	RURAL and give c. LEI STAY	(interpretation)	c. CITY (If outside OR TOWN	corporate itelita	write BURAL		
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in bookital or i	nstitution, give street address	or location)	d. STREET ADDRESS	sute	give location)		
3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle Hatc	•	c. (Last)	n 5	4. DATE OF DEATH	(Month)	(Day) (Year) 78 1950
	COLOB OR RACE	7. MARRIED, NEVER MA WIDOWED, DIVORCEI	ARRIED.   8.	DATE OF BIRTH		9. AGE (In S	Months	YEAR   IF UNDER M HES.
10a. USUAL OCCUPATION CONTROL OF WORK	ON/IGive kind of work inglife, even if retired)	10b. KIND OF BUSINES	S OR IN- DUSTRY	BHRTHPLACE (8)	tate or foreign of	ountry), -	, '	12. CITIZEN OF WHAT
13a. FATHER'S NAME	adam	13b. MOTHER'	S MAIDEN NA	us.			ND OR WIFE	
15. WAS DECEASED EVI (Yee, no. or unknown) (I	ER IN U.S. ARMED	FORCES? 16. SOCIAL :	SECURITY 17	INFORMAN / LUCE		TURE OR		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	ONDITION (a)	Lely Lely	itification	pop	lify		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT C.  Morbid condition rise to the above c the underlying car	s, if any, giving DUE TO (i ause (a) stating use last.	b) <b>3 f</b> ,	D-7fy	out	nsie	بـــ	
ease, injury, or complica- tion which caused death.	Conditions contri-	DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition causing death	· (KZ)	urco-	jew	vico		
19a. DATE OF OPERA- TION	·	DINGS OF OPERATION			• • • •	· .	.	20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g. home, farm, factory, street, offic		c. (CITY, TOWN, C	OR TOWNSHIP	) (	COUNTY)	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OC WHILE AT NOT WORK AT	CURRED 219 WHILE WORK	r. HOW DID INJU	RY OCCUR7			
22. I hereby certify alive on	that I attended t	he deceased from Que, and that death occ	unted at	1950, 10 (2) pm., from	the causes		that I last date stated	saw the deceased above.
23a. SIGNATURE	Dm. ?	step Mo	ortitle) 23	b. ADDRESS T	cape Lur			23c. DATE SIGNED 14.23 5 と
BURNAL CREMA	1/30/6	o mene	ual /a	REREMATORY .	Repub	HULL O	own, or county	y) New
DATE REC'D BY LOCAL Yーン3~ 5 2	REGISTRÁRIS S	Signorure 44	nes 25.	FUNERAL DIR	710	CNATURE WELL	- Cept	Luadea
•		(Licensed En	nbalmer's States	ment on Reverse	Side		7	ne



## STATEMENT BY LICENSED EMBALMER

Student Embalmer	Student Embalmer No	
Student Student Embalmer	. Do Examel	
3200411 111111111111111111111111111111111	Signed	
Licensed Embalmer No	Licensed Embalmer No. 2390	e
÷.	•	Signed The Thomas 330

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRIAING. (Failure to comply with the above constitutes grounds for revocation of license.)

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