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O. FULL RAME OF Great in bargular or landivation, give street address or location (INSTITUTION) 3. NAME OF GREATED (Type or Print) 3. NAME OF GREATED (Type or Print) 3. NAME OF GREATED (Type or Print) 4. DATE (Month) (Day) (Year) 5. SEX (Last) 5. SEX (Last) 5. SEX (Last) 5. SEX (Last) 6. COLOR OR RACE (7. MARRIED, NEVER MARRIED (18, DATEO, BIRTH) (7. Sea Greater) 7. SEX (Last) 6. COLOR OR RACE (7. MARRIED, NEVER MARRIED (18, DATEO, BIRTH) (7. Sea Greater) 8. SEX (Last) 6. COLOR OR RACE (7. MARRIED, NEVER MARRIED (18, DATEO, BIRTH) (7. Sea Greater) 8. SEX (18, COLOR OR RACE (18, SEX) 9. SEX (18, SEX) 10. LISTING (18, SEX) 11. SEX (SEX) 11. SEX (SEX) 12. SEX (SEX) 13. MOTHER'S MARRIED (18, SEX) 14. NAME OF HUSBAND OR WIFE 15. SEX (SEX) 16. SEX (SEX) 17. SEX (SEX) 17. SEX (SEX) 18. CALSES OR CONDITION 19. MARRIED FORCEST (18) 19. SEX (SEX) 10. SEX (SEX)	a. COUNTY	va Con	L	a. STATE MO.	b. COUNTY	va Country
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(Type or Print) COLOR OR RACE 7. MARRIED, NEWER MARRIED, NEW MARRIED, NEWER MARRIED, NEW MARRI	HOSPITAL OR INSTITUTION	(If not in hospital or i	nstitution, give street address or locat	ADDRESS ADDRESS	aral, give location)	
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B. CAUSE OF DEATH INTERVAL BETWEEN INTER		R IN U. S. ARMED	FORCES? 16. SOCIAL SECUR	TY. INFORMANT'S SI	GNATURE OR NAME	ADDRESS
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*This does not mean the mode of dying, such the attributer, arthenia, c. It means the distributer, arthenia, c. It means the distributer, or complication which caused death. **This does not mean the mode of dying, such the attributer, arthenia, c. It means the distributer, or complication which caused death. **DUE TO (c) **II. OTHER SIGNIFICANT CONDITION **TON **III. OTHER SIGNIFICANT CONDITION **TON **III. OTHER SIGNIFICANT CONDITION **III. OTHER SIGNIFICANT SIGNIFICANT CONDITION **III. OTHER SIGNIFICANT SIGNIFICANT CONDITION **III. OTHER SIGNIFICANT CO		I DISEASE OR C	MEDICA	L CERTIFICATION	. /	INTERVAL BETWEEN
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Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not while Not work Not while Not work Not while Not work	1a. ACCIDENT SUICIDE HOMICIDE				HIP) (COUNTY)	
2. I hereby certify that L attended the deceased from November 8, 1950, to Dec. 9, 1950, that I last saw the deceased alive on Plantal 3950, and that death occurred at 4 m., from the eauses and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS M. Pollul M. Pollul M. Pollul M. Dorres (Degree or title) 23b. ADDRESS La. BURIAL CREMA- (ON, REMOVAL (Species) M. Pollul M. Dorres (State) ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. REGISTRAR'S SIGNATURE (State) D. Surveill ADDRESS La LOCATION (Olty, town, or county) (State) D. Surveille M. Pollul M. Dorres (State) D. Surveille ADDRESS (State) (State) D. Surveille ADDRESS ADDRESS (State)	ld, TIME (Month)	(Day) (Year) (21f. HOW DID INJURY OCCUP	R7	
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alive on PSPANISO, 3195D, and that death occurred at A. m., from the causes and on the date stated above. 38. SIGNATURE M. POUR M. POUR	2. I hereby certify t	hat Lattended t	he deceased from Novew	UNS, 10 50, 10 Dec.	9, 19, 50 that I la	st saw the deceased
M. HOULE LUNGO, M. D. SQ PLOLO, MO. 12/9/55 As. BURJAL CREMA. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) (State) IN REMOVAL (Brookly) 12-10-1950 LA FATA ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 12 1953 MG 0 2 Supplies 0 Supplies 10 S	alive on HQ	Cember, 3195	D, and that death occurred	at _6_A m., from the cau		
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	DATE REC'D BY LOCAL REG.		IGNATURE . /86	Drunger Al RECTOR	All All	DOMESS
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MACON COUNT HEALTH DEPARTMENT County File No. TRAIL WEARING WEARING WAR THE WAR THE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

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.