SINTEN NO. REG. DIST. NO. 308 Registrar's No. 17. I. PLACE OF DEATH a. COUNTY Henry D. CITY of severable components listed, write RURAL and drive to provide the components listed, write RURAL and drive to provide the components listed, write RURAL and drive to provide the components listed to	FLED FEB	6 1951	THE DIVISION OF HEA		TLI	942
1. SUSUAL RESIDENCE ("New presence time." It is additionally included a comparise limits, order RURAL and dree OR		. 1001			2 PART 1 116 21 D.	17
TOWN Deepwater, Fell-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	I. PLACE OF DEA	="	120. Digit 110. 134	2. USUAL RESIDE	TALCE III	
NAME OF SET STORY	town Deepv	vater, F	Clrview	c. CiTY (If outside corp	orses limits, write HURAL and give tow	nehip) U420
S. SEC COLOR OR RACE 7. MARRIED BYEN BY BORGET IT THE WELL WHO WITH BY BY BORGET IT THE WELL BY BY BORGET IN U. S. ARMED COLOR BY	INSTITUTION	Home	astitution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	· · · ·
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specially) 1. SET 3 78 300 1. SET 10 1. SET 3 SET 3 1. SET 3 SET 3		_	b. (Middle)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·/
House Keeper Own Home Id. Name of Husband or wife U.S.A.	5. SEX , 6.	COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	iast birthday) Months	Days Hours Min.
Sa. Famer's name Sa. Mother's madden name Sa. Mother's name Sa. Mother's madden name Sa. Mother's madden name Sa. Mother's madden name Sa. Mother's madden name Sa. Mother's name Sa. Mother's madden name Sa. Mother's madden name Sa. Mother's madden name Sa. Mother's name Sa. Mother's madden n	done during most of working	ng life, even if retired)	DUSTRY	Arkansas	or (oreign country)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (S. ACAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME NAME NO. 17. INFORMANT'S SIGNATURE OR NAME NAME NAME NAME NAME NAME NAME NAME	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN	•	14. NAME OF HUSBAND OR WI	
IB. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) *This does not mean the mode of dying, such a heart faller, asthenia, the mode of dying, such a heart faller, asthenia, the mode of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia, the index of dying, such a heart faller, asthenia the index of dying, such a heart faller, asthenia the index of dying, such a heart faller, asthenia the index of dying, such a heart faller, asthenia the index of death and of dying, such a heart faller, asthenia the index of death and of dying, such a heart faller, asthenia the index of death and of dying the index of death and of	15. WAS DECEASED EVER	R IN U.S. ARMED F		_		ADDRESS
Aforbid conditions, if any, giving DUE TO (b) HYPET ENSIGN as heart failure, exthenia, etc. It means the discase in the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIO	Enter only one cause per	I. DISEASE OR CO	MEDICAL C ONDITION Cerebrand Cerebra	al Remorrha	ge	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21d. CIDENT (Bpectly) 21d. PLACE OF INJURY (e.g., in or about MONICIDE 21d. TIME (Monita) (Day) (Year) (Hour) (STATE) 21d. TOWN (INDITITION) 22 I hereby certify that I attended the deceased from JANUARY, 19-51, to JANUARY 319-51, that I last saw the decease alive on January 319-51, and that death occurred at 9.45 Pm., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 22b. DATE (Degree or title) 22c. DADDSTANE Dr. C. R. TOWNS end 12d. DATE 22d. NAME OF CEMETERY OR CREMATORY (2d. LOCATION (City, town, or county) (State) 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 5 2 A AUTOPSY? Yes No. 20. AUTOPSY? Yes No. 21d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NO. 21d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. HOW DID INJURY OCCUR? 21d. HOW DID INJURY OCCUR? 22d. JANUARY (2d. LOCATION (City, town, or county) (State) 12d. SIGNATURE (2d. DATE (2d. NAME OF CEMETERY OR CREMATORY) (2dd. LOCATION (City, town, or county) (State) 12d. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (2d. NAME OF CEMETERY OR CREMATORY) (2dd. LOCATION (City, town, or county) (State) 12d. Thereby County (2dd. LOCATION (City, town, or county) (State) 24d. LOCATION (City, town, or county) (State) 3 1 X 3 1 X 3 1 X 3 1 X 5 2 C. NAME OF CEMETERY OR CREMATORY (2dd. LOCATION (City, town, or county) (State) 3 1 X 3 1 X 3 1 X 5 2 C. NAME OF CEMETERY OR CREMATORY (2dd. LOCATION (City, town, or county) (State) 3 2 C. DATE (2dd. NAME OF CEMETERY OR CREMATORY (2dd. LOCATION (City, town, or county) (State) 4 2 C. NAME OF CEMETERY (2dd. NAME OF CEMETERY OR CREMATORY (2dd. LOCATION (City, town, or	the mode of dying, such	Morbid conditions	, if any, giving DUE TO (b) Hyp	ertension_		
19a. DATE OF OPERATION TION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE Home, farm, fastory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Mostle) 21d. How DID INJURY OCCUR? 22d. Horeby certify that I attended the deceased from JANUARY, 19 51, to JANUARY 31951, that I last saw the decease alive on January 319 51, and that death occurred at 9:45Pm., from the causes and on the date stated above. 23e. SIGNATURE 23e. BURIAL CREMA- TION, REMOVAL (Bootty) Removal (Bootty) Removal (Bootty) ACCIDENT (etc. It means the dis- ease, injury, or complica-	the undertying cau	DUE TO (c)			33/X
218. ACCIDENT (Bpecily) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOWICIDE 21d. TIME (Mosth) (Day) (Year) (Hour) 21d. Not while (Mosth) (Day) (Year) (Hour) 21d. How DID INJURY OCCUR? 22d. Danilary 3 1951, that I last saw the decease alive on January 3 1951, that I last saw the	19a. DATE OF OPERA			··		20. AUTOPSY?
HOMICIDE 21d. TIME (Mosts) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I-attended the deceased from January, 19 51, to January 3,1951, that I last saw the decease alive on January 319 51, and that death occurred at 9:45Pm., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DANDESIGNED 23c. DANDESIGNED		(Specify) 2	21b. PLACE OF INJURY (6.2., in or about	21c. (CITY, TOWN, OR 1	COUNTY)	
INURY Thereby certify that I attended the deceased from January, 1951, to January31951, that I last saw the decease alive on January31951, and that death occurred at 9:45Pm., from the causes and on the date stated above. 22. SIGNATURE Dr. C. R. Townsend D. O. Deepwater, Missouri Feb:1, 240. BURIAL CREMA- TION, REMOVAL (Spectry) ROMOVAL (Spectry) ROMOVAL (Spectry) REGISTRAR'S SIGNATURE ADDRESS JACK DEMOVAL DIRECTOR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS AT TOWNS COUNTY AND A COUNTY ADDRESS ADDRESS ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS	HOMICIDE 21d. TIME (Month)	<u> </u>		21f. HOW DID INJURY	OCCUR?	
alive on January 319 51, and that death occurred at 9:45Pm., from the causes and on the date stated above. 22. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE (Degree or title) 23b. ADDRESS 23c. DATE (September of title) 23b. ADDRESS 23c. DATE (State) 24c. NAME OF CEMETERY OR CREMATORY (State) 24d. LOCATION (City, town, or county) (State) 100 BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 24c. NAME OF CEMETERY OR CREMATORY (State) 100 BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 24c. NAME OF CEMETERY OR CREMATORY (State) 100 BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 24c. NAME OF CEMETERY OR CREMATORY (State) 100 BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 24c. NAME OF CEMETERY OR CREMATORY (STATE ADDRESS	INJURY		WORK L AT WORK L		73 63	• • • •
Dr. C. R. Townsend D. O. Deepwater, Missouri Feb:1, 24a. BURIAL CREMA- TION, REMOVAL (Boothy) REMOVAL (Boothy) REMOVAL (Boothy) ATERICO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	alive on Jan	uary3195	1, and that death occurred at	9:45Pm., from the		ed above.
HOMOVAL (Brown of State 1-1951 Indepense Dom. Indagence Missouri. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS FUN 1-1951 FLORING Adding from Hund Steenwater MO	Dr. C.R.	Townsen	a i		Missouri	
Feb 1-1451 Florence adairs Jon Hirst Seepwater mo	Removal (Books)	Feb 1-1	951 Indepan	ce Om.		• • • • • • • • • • • • • • • • • • • •
(Licensed Embalmer's Statement on Reverse Side)	July 1-145	REGISTRAR'S SI	na adaire	Jon His	Legenal A	W MO

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RECEIVED 2551 DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 2.5.51

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate w	as embalme	d by me, or	by
Yorking under my personal supervision	Student	Enbalmer i	lo	***************************************

Licensed Embalmer No. 2.28

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.