BIRTH NO. RES. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 346 1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (II evaluate corporate limits, write RURAL and dress between included corporate limits, write RURAL and dress corporate limits write RURAL and dress counted limits of Limits and Lim	II FILED APR	0 1054			ALTH OF MISSOL				
SETH NO. PRINCE OF DEATH a. COUNTY Bucharian	LITTO APK	9 1951	STANDA	RD CERTIF	ICATE OF DEA	ATH	State F	ile No	2542
a. COUNTY Buchanan b. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) St. JOSEPh C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CITY (II occided corporate limits, write RURAL and give township) C. CLEAST) C. CITY (II occided corporate limits, write RURAL and give township) C. CLEAST) C. CITY (II occided corporate	BIRTH NO		REG. DIST. N	ю. <u>42</u>		NV	Kegisir		346
CONN St. Joseph township TfW (in this place) of FULL NAME OF (if sot is hospital or institution, give street address or leavelled) d. FULL NAME OF (if sot is hospital or institution, give street address or leavelled) NOSPITAL ADDRESS (at rent), dry location of the street address or leavelled) 3. NAME OF (if sot is hospital or institution, give street address or leavelled) 3. NAME OF (if sot is hospital or institution, give street address or leavelled) 3. NAME OF (if sot is hospital or institution, give street address or leavelled) 3. NAME OF (if sot is hospital or institution) 3. NAME OF (if sot is hospital or institution) 3. NAME OF (if sot is hospital or institution) 3. NAME OF (if sot is hospital or institution) 4. DATE (Month) (Day) (Year) Aldrich DEATH March 28 19 9. MARC (if sease) March March 28 19 100. USUAL OCCUPATION Circle blad of each 190. Wildow Of 190			an		B. STATE			ITY	admission).
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S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MITS. B. S. BOYCE, FORT SILL, QRIAINOR 110 MITS. B. S. BOYCE, FORT SILL, QRIAINOR MITS. B. C. WASHINGTON MITS. B. S. BOYCE, FORT SILL, QRIAINOR MITS. B. C. WASHINGTON MITS. B. S. BOYCE		Indeon	13b. M		NAME	14. NAME	E OF HUSBAND		ODA
B. CAUSE OF DEATH Enter only one course per In the for (a), (b), and (c) This does not mean the mode of dying, such as heart follure, asthenia, to 1 the above cause (a) stating the underlying cause tast. DUE TO (b) The foreign of the death but not related to the disease or condition causing death. DUE TO (c) 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 12. DATE OF OPERA- TION TON 13. ACCIDENT SUICIDE HOMICIDE 14. ACCIDENT SUICIDE HOMICIDE 15. MAJOR FINDINGS OF OPERATION 21. INJURY OCCURRED HOMICIDE 16. TIME (Month) HOMICIDE 17. DATE (BOULD) 18. ACCIDENT WORK AT WORK 18. ACCIDENT SUICIDE HOMICIDE 19. MAJOR FINDINGS OF OPERATION 21. INJURY OCCURRED AT WORK AT WORK 18. ACCIDENT SUICIDE HOMICIDE 21. ACCIDENT SUICIDE HOMICIDE 21. ACCIDENT SUICIDE HOMICIDE 22. AUTOPSY VES NOT WHILE AT WORK AT WORK AT WORK 23. AUTOPSY VES 19. S. ANT HOW DID INJURY OCCUR? 19. And that death occurred at 6: 15. A.m., from the causes and on the date stated above. 23. SIGNATURE (Degree of title) 24. ADRESS 25. DATE SIGNATURE 26. DATE SIGNATURE 26. DATE SIGNATURE 27. PURE EACTOR'S SIGNATURE 19. SIGNATURE 10. SIG	5. WAS DECEASED EVE	R IN U.S. ARMED FO		CIAL SECURITY	17. INFORMANT'				ADDRESS
Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (c) In means the discusse of cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discusse or condition counting death. Plan. DATE OF OPERATION TION Plan. ACCIDENT SUICIDE HOMICIDE Conditions (Bpocity) 21b. PLACE OF INJURY (e.g., in or about home. farm, factory, street, office bidg., eva.) HOMICIDE Conditions (Bpocity) AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK Conditions (CITY, TOWN, OR TOWNSHIP) AND INJURY OCCUR? Conditions (CITY, TOWN, OR TOWNSHIP) Conditions (COUNTY) (STATE) COUNTY) (STATE) COUNT	Enter only one cause per		\- /	MEDICALO	ERTIFICATION	jske	mot	INT. ONE	ERVAL BETWEEN SET AND DECEM
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 12d. TIME (Month) (Day) (Year) (Hour) WORK Nor WHILE AT WORK 22d. I hereby certify that I attended the deceased from work work of the disease and on the date stated above. 22d. SIGNATURE 22d. DATE SIGNATURE 22d. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Bity, town, or course) Weather by Cemetery Work 12d. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Bity, town, or course) Weather by Cemetery Work 12d. NAME OF CEMETERY OR CREMATORY Weather by Cemetery Weather by Cemetery No entry of the causes and on the date stated above. 22d. Location (Bity, town, or course) Weather by Cemetery No entry of the causes and on the date stated above. 22d. Location (Bity, town, or course) Weather by Cemetery No entry of the causes and on the causes. Address 22d. Location (Bity, town, or course) Weather by Cemetery No entry of the causes. Address	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions,	if any, giving DU use (a) stating e last.	• • •	Muse	relei Exer	wion	sal	4140
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WHILE AT WORK NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WORK AT WORK 22. I hereby certify that I attended the deceased from \$\frac{1}{2} \frac{2}{2} \tag{2}, 10 \frac{1}{2} \tag{6}, to \$\frac{3}{2} \frac{1}{2} \tag{1}, 19 \frac{1}{2} \tag{1}, that I last saw the deceased alive on \$\frac{3}{2} \tag{4} \tag{4}, 19 \frac{1}{2} \tag{4} \tag{5} \tag{1} \tag{5} \tag{4} \tag{6}, to \$\frac{3}{2} \frac{2}{2} \tag{4}, 19 \frac{1}{2} \tag{6}, that I last saw the deceased alive on \$\frac{3}{2} \tag{4} \tag{5} \tag{6} \tag{1} \tag{5} \tag{6} \tag{6}, to \$\frac{3}{2} \tag{6} \tag{7} \tag{7} \tag{6} \ta	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 21	1b, PLACE OF INJ ome, farm, factory, s	JRY (e.g., in or about treet, office bldg., ste.)	21c. (CITY, TOWN, OR	TOWNSHIP)) (COL	JNTY)	(STATE)
alive on 3/14, 19 5 and that death occurred at 6:15 A.m., from the causes and on the date stated above. 23a. SIGNATURE (Degree & title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Sity, town, or source) 25d. LOCATION (Sity, town, or source) 24d. LOCATION (Sity, town, or source) 24d	OF	(Day) (Year) (H	WHILEAT	NOT WHILE (21f. HOW DID INJURY	OCCUR?			
24a. BURIAL PREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Bity, town, or source) DUTTAL (Specify) 3/31/51 Weather by Cemetery Westhorby Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 446 25, FUNERAL DIRECTOR'S SIGNATURE: ADDRESS		hat I attended the	e deceased fro Land that de	m #329 ath occurred at	. 19 40, to 3 :15 A.m., from t	- 2 F	_, 19 5 l, th and on the do	at I last sau ite stated abo	the deceased
TION, REMODAL (Specify) DUT1a1 () 3/31/51 Weather by Cemetery Westhorby Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 446 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ZIA. SIGNATURE	u An	uth	MOU	218 Ws	7.1	M Joseg	oh e	DATE SIGNED
DATE REC D BT LOCAL RESISTING S SIGNATURE TO THE PARTY OF THE PARTY	TION, REMOVAL (Specify DUFTAL ()	3/31/51			emetery	We.	ION (Bity, town	Wiss	
(Licensed Embalmer's Statement on Reverse Side)			.Carl	7 446	Teaton Bow	mande	enature: unceal-s	elf. Joses	zh mo

1825

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse si	de of this certificate was emb	almed by me, o	r by	
	Student Embale	107 No		
working under my personal supervision.	P			
	- Land	<i>7</i> .	0	

P. O. Address 3/9/3/0/15 Mote: 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.

Student Embalmer