BASTN NO. BEEA DIST. NO. BPRIMARY REG. DIST. NO. BPRIMARY A. 5 33  I. PLACE CYC DEATH a. COUNTY  D. CITY (I) grandy convents plants, who applies and a service of the country of the count	FILEDOCT 30 1	_		ICATE OF DEA	TE	te-File No.	34
b. CILY (1) project control plants and after the termination of the control plants and the control plant	BIRTH NO.	REG. DIST. 9	o. <u>/37</u> ,	PRIMARY REG. DIST.	7	£ 2.	3
OR LILL HAME OF (1) and to boundary in inscitation, are reviewed by the proposed of the propos		H 1/21/2			ENCE (Where deceased	lived. If institution:	موسون موسون
MOSPITAL OR MINITURIOR  3. NAME OF DECEASED (Pirist)  DECEASED (Pirist)  DECEASED (Pirist)  S. SEX  S. SEX  6. COLOR OR RACE  7. MARRIED, NEVER MARQUED, WILDOWS DIVINORED Babeling  10st USUA COCCUPATION (Apre bind of work depending only one willing bit, when it retired to the other depending only one willing bit, when it retired to the other course of the most of given per binds of the course of the most of given per binds of the course of the most of given per binds of the course of the most of given per binds of the course of the most of given per binds of the course of the most of given per binds of the course of the most of given per binds of the course of the most of given per binds of the course of the most of given per binds of the course of	OR /1 // 1			OR // / .	BURAL	and give township)	ديوا
DECEASE D  OPEN PRINT   OPEN PR	HOSPITAL OR 🖊	not in hospitapler institution, give street	address or logston)	d STREET ADDRESS	(E rural, give location)		6
10. KIND OF BUSINESS OR IN- DUSTRY  13. DUSTRY  13. DUSTRY  14. MAME DF MUSBAND OR WIFE  15. WAS DECEASED EVER IN U. S. ARMED FORCESS  16. SOCIAL SECURITY  17. INFORMANT'S SI GNATURE OR NAME  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. CAUSE OF DEATH  19. DISEASE OR CONDITION  10. DISEASE OR CONDITION  10. DISEASE OR CONDITION  10. DISEASE OR CONDITION  11. DISEASE OR CONDITION  12. CHITTERICAL SI  13. DOTHER'S, MAIDEN FIRE  14. MAME DF MUSBAND, OR WIFE  15. WAS DECEASED EVER IN U. S. ARMED FORCESS  16. SOCIAL SECURITY  17. INFORMANT'S SI GNATURE OR NAME  18. CAUSE OF DEATH  19. CAUSE OF DEATH  10. DISEASE OR CONDITION  10. DISEASE OR CONDITION  11. DISEASE OR CONDITION  12. CHITTERIAL SOCIAL  13. AND AND CONDITION  14. MORE OR STATE  15. MORE OR CONDITION  16. IT means the discous contributing to the death but not related to the disease or condition outsing death  10. OTHER SIGNIFICANT CONDITIONS  12. CONDITION  13. MOTOR FINDINGS OF OPERATION  14. ACCIDENT  15. MOOR FINDINGS OF OPERATION  16. PART OF OPERATION  17. DEATH OF OPERATION  18. MOOR FINDINGS OF OPERATION  19. MOOR FINDINGS OF OPERATION  19. MOOR FINDINGS OF OPERATION  10. INTERVAL 5.  10. DISEASE OR CONDITION  10. DISEASE OR CONDITI	DECEASED	ul M	acke,	Elliot	OF DEATH	10 17.	(Yes
COUNTY STATE	MOI	OLOR OR RACE 7. MARRIED, NE WIDOWEO, DI	EVER MARRIED.	aug 3, 12	179 last birthet		INDER 24
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDITIONS of U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  18. CAUSE OF DEATH Enter only one-course (a) the state of service)  18. CAUSE OF DEATH Enter only one-course (a) the state of the state of the state of the state of dring, such as heart failure, eatheria, rise to the obore cause (a) stating the mode of dring, such as heart failure, eatheria, rise to the obore cause (a) stating the underlying cause last.  19. MOTHER CHAPTER OF OPERATION  192. DATE OF OPERATION  193. DATE OF OPERATION  194. DATE OF OPERATION  195. MOTHER SINGING OF OPERATION  195. MOTHER SINGING OF OPERATION  196. DATE (Boselly)  110. PLACE OF INJURY (s.e., in or short)  111. DIVERS SINGING OF OPERATION  112. AUTOPS  113. MOTHER SINGING OF OPERATION  114. MOORE INJURY OCCURRED  115. MOORE INJURY OCCURRED  116. MOORE INJURY OCCURRED  117. INFORMANT'S SIGNATURE  118. CAUSE OF DEATH  119. MOOR SINGING OF OPERATION  119. MOTHER SINGING OF OPERATION  119. MOORE INJURY OCCURRED  119. MOOR SINGING OF OPERATION  120. AUTOPS  121. INJURY OCCURRED  121. HOW DID INJURY OCCURRY  122. I hereby cartify that I gliended the decased from SWORK IN BOOK  123. SIGNATURE  124. DATE OF OPERATION  125. AUTOPS  126. NEEDONAL CREMA-  127. LATE OF OPERATION  128. DATE SIGNATURE  129. DATE SIGNATURE  120. DATE  121. DATE OF OPERATION  129. AUTOPS  120. AUTOPS  120. AUTOPS  121. HOW DID INJURY OCCURRY  122. AUTOPS  123. SIGNATURE  124. DATE SIGNATURE  125. NEEDONAL CREMA-  126. DATE SIGNATURE  127. DATE SIGNATURE  128. DATE SIGNATURE  129. DATE SIGNATURE  120. AUTOPS  121. THOUR SIGNATURE  129. DATE SIGNATURE  120. AUTOPS  121. THOUR SIGNATURE  120. AUTOPS  121. HOW DID INJURY OCCURRY  122. DATE SIGNATURE  123. SIGNATURE  124. DATE SIGNATURE  125. DATE SIGNATURE  126. DATE SIGNATURE  127. DATE SIGNATURE  128. DATE SIGNATURE  129. DATE SIGNATURE  120. AUTOPS  121. HOW DID INJURY	done divent met of working	(Notice kind of work 10b. KIND OF 11b, even if retired)	BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State	uri 1	12. CITIZEI COUNTR	SOF
18. CAUSE OF DEATH Enter only one onus per line for (a), (b), and (c)  This does not mean the made of dying, such as heart-failure, esthenia, etc. It means the discase, injury, or compileration which caused death.  Conditions contributing to the death but not related to the disease or condition couling death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  12. ACCUDENT  SIGNIFICANT CONDITIONS  21a. ACCUDENT  SUCIDED  21d. ACCUDENT  SUCIDED  21d. TIME  (Moonth)  (Day)  (Tyeat)  (Bosed P)  11. PLACE OF INJURY (s.e., in or about 2 condition)  Tyeath of the deceased from while high entry, stress offer bidg, settle properties of the deceased from while advisor of the deceased from while and the deceased from the distance of the deceased from the distance of the deceased from the distance of the deceased from the deceased from the distance of the deceased from the distance of the deceased from the distance of the deceased from th	Thomas 1	Velson do	steld	eignied	Tula	Elliot	1
Disease or Condition of Death* (a)   Disease or Condition of Death* (b)   Disease of And (c)	(Yarm or unknown) (If yo	IN U. S. ARMED FORCES?  16. SC  16. SC  16. SC	MO.	(B. D. E	S SIGNATURE OR	-ahian	$\sum_{i}$
This does not mean the mode of dying, such as heart failure, eathernia, etc. It means the distract to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  12a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Moosth) (Day) (Year) (Boss)  DUE TO (c)  12th. PLACE OF INJURY (s.g., in or about the home to the disease of conditions, farm, factory, street, office bidg., est the Moosth)  OF INJURY  12. I hereby cortify that I attended the deceased from along the death occurred at the deceased of the death occurred at the death occurred at the deceased and on the date stated above.  22a. SHEMATURE  24b. DATE  24c. DATE  25b. ADDRESS  DUE TO (b)  OF COUNTY)  15. PLACE OF INJURY (s.g., in or about the death occurred at the deceased from the date stated above.  25b. ADDRESS  25c. DATE  26c. DATE  27c. DATE  ADDRESS  DUE TO (b)  DECEAN TOWN, OR TOWNSHIP)  COUNTY)  COUNTY)  COUNTY)  COUNTY)  COUNTY)  COUNTY  C	Enter only one cause per [ ]	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		artification 4	ailur	INTERVAL ONSET AI	BETY ND DE
as heart fature, esthema, etc. It means the discrete factor and the material processes that the underlying cause last.  The underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPS  Tion  Conditions contributing to the death but not related to the disease or condition causing death.  21. ACCIDENT  SUICIDE  HOMICIDE  21. TIME (Moonth) (Day) (Year) (Boen)  21. I. I. PLACE OF INJURY (c.g., in or about the process of the control o	II TINIS ANES THE THEAT		JE TO (b)	perfils	Heart	Disease	
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20c. AUTOPS  21c. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) (STAT WORK AT WO	etc. It means the dis-	the underlying cause last.			in fills girtheritair	<u> </u>	
21a. ACCIDENT (Bpecity)  21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (o.e., in or about Suitcide Home, farm, factory, street, office bidg., in or about Suitcide Homicide  21d. Time (Month) (Day) (Year) (Hour) (21e. INJURY OCCURRED OF INJURY)  21d. Time (Month) (Day) (Year) (Hour) (21e. INJURY OCCURRED OF INJURY)  21d. Time (Month) (Day) (Year) (Hour) (21e. INJURY OCCURRED OF INJURY)  21f. HOW DID INJURY OCCUR?  22f.		Conditions contributing to the death by	ut not / h	risselve	ui-Sze	ulity 54	40
21d. TIME (Mostb) (Day) (Year) (Bost) (21e. INJURY OCCURRED OF INJURY) (Mostb) (Day) (Year) (Bost) (Millert Not while At work 1950 to Oct. 1951, that I last saw the dealive of Oct. 1951, and that death occurred at 197m., from the causes and on the date stated above.  22a. SIGNATURE (Decree of title) 23b. ADDRESS 23c. DATE (Decree of title) 23b. ADDRESS 23c. DATE (Decree of title) 25b. ADDRESS 24d. OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY COUNTY) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (City, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (CITY, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (CITY, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (CITY, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (CITY, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (CITY, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (CITY, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY CALL OCATION (CITY, town, or county) (SIGNATURE OF CEMETERY OR CREMATORY	10-15-51	Kenforato	ed Go	sura		1	PSY?
OF INJURY  D. WHILE AT WORK  AT WORK  22. I hereby cartify that I attended the deceased from Large of Color of	21a. ACCIDENT (8 SUICIDE HOMICIDE	ipecify) 1b. PLACE OF INJ iome, farm, factory, s	URY (e.g., in or about treet, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY) (ST	ATE)
alive on Get. 1951, and that death occurred at 12. Pm., from the causes and on the date stated above.  23a. SIGNATURE  (Despe of title)  23b. ADDRESS  24c. DATE SIGNATURE  25c. DATE SIGNATURE  26c. DATE SIGNATURE  27c.	II OF	WHILEAT	I NOT WHILE I				
249 BURIAL CREMA 240 DATE 230 NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, 1987), or county) (8)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 422  TOTAL 1 CONTROL OF SIGNATURE 422  TOTAL 1 CONTROL OF SIGNATURE 422  TOTAL 1 CONTROL OF SIGNATURE 422  TOTAL 2 CONTROL OF SIGNATU	11 / 7/2/ 1/1			1950 to QC	re causes and on the		dece
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  Ort 21-31 Florence adam? We for the formation of the following the foll	Folier	Hashell.	100,2	)(litel	on the	10- 104	8:
Oct 21-31 Florence adams W. J. From March	HON, REMOVAL Phonity)	10-19-51	AME OF CEMETER	,mo,	Urich	, /	(Sign
		Florence (	dans	14.1.15	FOR'S SIGNATURE	March	

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number 9 1951 Date Filed

STATEMENT BY LICENSED EMBALMER

•	
I hereby certify that the body whose name is recorded	d on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	
Student	Signed A. R. Klandy  Licensed Embalmer No. 3.099
Student Embalmer	Licensed Embalmer No. 3099
•	Pl to min

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.