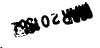
| · | THE DIVISION OF H | EALTH OF MISSOURI | |
|--------------|---|--|-------------------------------------|
| .S. No.300 | STANDARD CERTI | FICATE OF DEATH State File No | 1052 |
| EV. 10-48 | FILED FEB 4 1952 REG. DIST. NO. 131 | PRIMARY REG. DIST. NO. 3023 Registrar's No. | 28 |
| n/ | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decoased lived. If inst | itution: residence before |
| 0477 | a. COUNTY Henry | a. STATE MU b. COUNTY HE | admission). |
| ٧ ـ ١ | b. CITY (If outside gorpurate limits, write RURAL and give township) TOWN C. LENGTH OF TOWN STAY (in this place) | TOWN Clonton mo | 0422 |
| RECORD | d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOSPITAL OR INSTITUTION | d. STREET (If rural, give location) ADDRESS 210 North We | ater |
| R.E | 3. NAME OF a. (First) b. (Middle) DECEASED | c. (Last) 4. DATE (Month) | (Day) (Year) |
| er. | (Type or Print) ENERSON HOSS | massie DEATH Jan | 27 1952 |
| PERMANENT | 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, INVORCED (Specify) | 7/8, DATE OF BIRTH 8 78 9. AGE of years of under has hardeny) Mouths | |
| ZW. | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN- | 11 BIRTHPLACE (State orderelen country) | 12. CITIZEN OF WHAT |
| PER | Retred markenst ing department | - woodsheld Chio | IL SA |
| ∀ / : | 13a FATHER'S NAME 13by MOTHER'S MAIDE | N NAME OF HUSBAND OR WIFE | |
| · · | Isaac masere Son Kr | Sont know | |
| MARE | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yee, no, or unknown) (If yee, rive war or dates of service) NO | | ADDRESS |
| 7 | no none | Washim Jones Ch | nlongo |
| | | CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| INK | Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) | EBRAL HEMORRHAGE | 3 DAYS |
| CK | This does not mean ANTECEDENT CAUSES | 07/19/ | 0 .60 |
| < 1 | the mode of dying, such Morbid conditions, if any, giving DUE TO (b) | | |
| Br. | etc. It means the dis- the underlying cause last | A Company of the Comp | 1.20 1.20 |
| ا ق | Ease, injury, or compilea- DUE TO (e) | | |
| UNEADING | tion which caused death. II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | |
| Y I | 19a. DATE OF OPERAL 19b. MAJOR FINDINGS OF OPERATION. | 337 x 35 | 20. AUTOPSY? |
| S | A control control | | YES NO |
| USING | 21g. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) SUICIDE HOMICIDE (Specify) Suicide bldg.,etc. | | (STATE) |
| sn_ | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK AT WORK | 21f. HOW DID INJURY OCCUR? | • • |
| רַגֹּי | 22. I hereby certify that I attended the deceased from | , 19, to, 19, that I last | t saw the deceased |
| PLAINLY | alive on, 19, and that death occurred at | | |
| 21.7 | 23a. SIGNATURE (Degree or title) | 23b. ADDRESS | Z3c. DATE SIGNED |
| أسمت تعما | Hugh B Walker, Mo Coron | of Clinton, 11/6. | (28) an 1952 |
| WRITE | 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETE TION, REMOVAL (Specify) | RY OR CREMATORY 24d. LOCATION (Oity, town, or coun | (State) |
| | DATE REC'D BY LOCAL REGISTIAR'S SIGNATURE | 25. PUPERAL DIRECTOR'S SIGNATURE AD | opiss La |
| | Jan- 29 52 Homence War | 1 X 2 (snowlen of | miton |
| ' | (Licensed Embalmer's | Statement on Reverse Side) | |



STATEMENT BY LICENSED EMBALMER

| 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 | | | | |
| | Student Embalmer No | | | |
| vorking under my personal supervision. | Signed & Consalin | | | |
| Student Student Embaimer | Licensed Embalmer No. 8 9 | | | |
| | P. O. Address Inton mo | | | |

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.