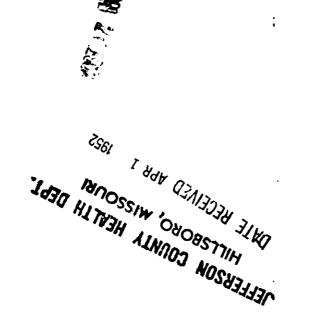
| FLED APR 7 1952  | STANDARD CERTII   | FICATE OF DEATH                                | State File No  |
|--|---|--|--|
| BIRTH NO.  | REG. DIST. NO. /59  | PRIMARY REG. DIST. NO. 4249                    | Registrar's No. 27   |
| 1. PLACE OF DEATH a. COUNTY  | lerson  | 2. USUAL RESIDENCE (Where de a. STATE MASSOURE | b. COUNTY Hereign.   |
| b. CITY (If outside corporation of TOWN  | its, write RURAL and give township)  C. LENGTH OF STAY (In this place 16 176 176 5  | TOWN Festu                                     | Q Mo 0 5 5 7   |
| d. FULL NAME OF (If not in the HOSPITAL OR INSTITUTION   | V Grove nursing Hor   | d. STREET (If rural, give local ADDRESS RURA/  | ation) ° Ø   |
| 3. NAME OF DECEASED (Type or Print)  | ude   | Baker 2 14. DA                                 | TH Mar 29-1952   |
| Famale Whi   | 28 RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  | E (In years of UNDER ) TERR of UNDER M MEE. Sylviday) Months Days Hours Min. |
|  | ind of work 100. KIND OF BUSINESS OR IN-  | 11: BIRTIPLACE (State of foreign country)      | 12. CITIZEN OF WHAT  |
| Bay FATHER'S NAME &  | herford hatilds   | ville tra                                      | HUSBAND OR HIFE  |
| 15. WAS SECEASED EVER IN U.S. (Yee, no., frunknown) (If yee, give w  | None 2  | 17. INFORMANT'S SIGNATURE                      | ley testus no 82   |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   | ASE OR CONDITION TLY LEADING TO DEATH*(a)   | CERTIFICATION<br>Sosis of aldoninal a          | INTERVAL BETWEEN ONSET AND DEATH SILA WITE SAME                              |
| the mode of dying, such as heart fallure, asthenia, etc. It means the disease, injury, or complication which caused death.   | conditions, if any, giving DUE TO (b) At the above cause (a) stating erlying cause last.  DUE TO (c)  ER SIGNIFICANT CONDITIONS  ons contributing to the death but not to the disease or condition causing death. | lerise cleaning                                | eneraly of   |
| 19a. DATE OF OPERATION   | LIOR FINDINGS OF OPERATION  | 4  | 500   20. AUTOPSY?   |
| 21a. ACCIDENT<br>SUICIDE<br>HOMICIDE   | 21b. PLACE OF INJURY (e.g., in or about<br>home, farm, factory, etreet, office bldg., etc.)   | 21c. (CITY, TOWN, OR TOWNSHIP)                 | (COUNTY) (STATE)   |
| 21d. TIME (Month) (Day)<br>OF<br>INJURY  | (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  | 21f. HOW DID INJURY OCCUR?                     |  |
| 22. I hereby certify that I a alive on March   | tended the deceased from Joss 19<br>6 1952, and that death occurred at  |  | 1. that I last saw the deceased on the date stated above.                    |
| 23a. SIGNATURE Thomas a  | Donnell Ty D.   | 236. ADDRESS Defoto:                           | 23c. DATE SIGNED 4-4-52  |
| 24a, BURIAL, CREMA- 24b, I<br>TION, REMOVAL (Brodis) ap  | NATE 24c. NAME OF CEMETER U1-1952 Sandy   | Cem. Per                                       | Oity, town, or county) (State)   |
| DATE REC'D BY LOCAL REGISTAL R | TRAR'S SIGNATURE 141-0  | 25. FUNEBAL DIRECTOR'S SIGNAT                  | L Festion ho   |
|  | (Licensed Embalmer's  | Statement on Reverse Side)                     |  |
|  |   |  |  |



## STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the reverse | e side of this c | ertificate was embaln | ned by me, or by |             |
|--|------------------|-----------------------|------------------|-------------|
|  |                  | Student Embaimer      | No               | <del></del> |
| working under my personal supervision.                               | 0                | 00                    |                  |             |
|  | //               | $\Omega \mathbb{Z}$   |                  |             |

Licensed Embalmer No. 4744

P. O. Address Attal City 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.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.