n		THE DIVISION	I OF HEA	alth of missou	Ri		OAC	50
مه شبه التأل	htm.	STANDARD	CERTIF	CATE OF DEA	TH.	Stata Fila Na		52
	152	3.	149		/// // 1			n n
		_ REG. DIST. NO			NO. 7005	Registrar's N	·	26.
	ATH			2. USUAL RESIDE	ENCE (Where dec	mased lived. If L	natitution: re	eidence before
Jao				Mo				n
11 OR		URAL and give C. LE	NGTH OF	C. CITY (If outside corp	orate limits, write BU	RAL and give to	waship)	110
Town Kan sas	City Mo.	1.6			nsas Citv.	Mo	41.	4.8
d. FULL NAME OF	(If not in hospital or is	nstitution, give street address	or location)	d. STREET	(If rural, give locati	on)	スル	707
INSTITUTION	_General	Hospital 📆		39	49 Centra	լ	20	0
3. NAME OF	a. (First)	b. (Midd	e)	c. (Last)	4. DATT	(Month)	(Day)	(Yest)
(Type or Print)	Macilyn	ī.		SAME COM.	OF DEAT			(_ w.,
5. SEX /   6.	COLOR OR RACE	1 7. MARRIED, NEVER M	ARRIED.	8. DATE OF BIRTH		<u> </u>	<del> /</del>	CHOER M HRS.
France 1	n 1:+		D (Specify)	0.1.12 1	and lest be	thday) Month		ours Min.
10a. USUAL OCCUPATION	ON (Chin bind of work		SS OR IN-	AL RIPONDI ACE (Parts			1 12 61712	[
done during must of work!	ng life, even if retired)	1 1	DUSTRY		or loreign sountry)	. <i>O</i> .	COUNT	EN OF WHAT RY1
- Tousen	nga	Home		SI you	repl. n	rssew	1 26.	D.a.
13a. FATHER'S NAME	10.4	136. MOTHER	S MAIDEN	NAME /	IS. NAME OF HI	SBAND OR WA	FE	
John N.	Witten	ne Tank	ry si	an	6 dwars	<u>6. 6. 80</u>	ampe	on
			SECURITY NO.	17. INFORMANT'S	SIGNATURE		2 - Ai	DDRESS
So	×	non		Edward S. L	ampaon-	3949 C	entia	P
18. CAUSE OF DEATH	. I DISEASE OD C				0		INTERV	AL BETWEEN
	DIRECTLY LEAD	ING TO DEATH*(a)	lomeri	<b>lø</b> nephritis			Onat,	WIND OFFILE
			*1					
as heart failure, asthenia,	THE TO THE ADOVE CO	nuse (a) stating		سمسه دم د دد دد د	<del>-</del> :	2 t		<del></del>
etc. It means the dis-	the undertying cau		n)					
tion which caused death.	II. OTHER SIGNIF				-		-  <del></del>	<del>- 1/ c</del>
						1.57	21/	
19a DATE OF OPERA			B	1 1, 11	***	• • • •	1 20 4177	OPEV
I / A / TION	, as mader find	AMOS OF OPERATION		as ahove'			1 -	
	)		1		· ·			
L · · SUICIDE ·				Zic. (CITY, TOWN, OR T	OWNSHIP) .	(COUNTY)	· (5	TATE)
ll OF	(Day) (Year) (O			211. HOW DID INJURY	OCCUR†			
INJURY-	- 10	■ WORK AT	WORK					
22. I hereby certify t	hat I attended ti	he deceased from	<u>5-12-5</u>	2. 19, to · 6	-28-52 is	that I la	st saw the	deceased
alive on6	-28-52-19	-		9. P.m., from the	s causes and on			
23a. SIGNATURE.	A / DE			23b. ADDRESS				TE SIGNED
1/2/x	11/1/2	MARIN	n. 1	23 ndlaha	nanz.	* * * * * * * * * * * * * * * * * * * *	12 - 2	9-52
24a, BURIAL, CREMA	- ] 246. DATE	24c. NAME OF	CEMETERY			ty, town, or con	ntv)	(State)
TION, REMOVAL (Bandly	100.1	1 . 1	08	<del>-/</del>	1+0	100		,,,,,,,,,,,
DATE REC'D BY LOCAL	CREGISTIDAD'S S	IGNATURE	<u> </u>	25 FUNERAL DIRECT	OR'S AL CHATT	1 //	DDBE	w_
A ZO REG		00 11	2	N'10 7	02/	" سورو د	Ø:	,
<u> </u>	Wras	our No	mes	amexune	ear stone	-0010	num	<del>రం</del> డు
	BIRTH MO.  I. PLACE OF DE. a. COUNTY  JAC  b. CITY (II outside or OR TOWN KAI SAS  d. FULL NAME OF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED  (Type or Print)  5. SEX  10a. USUAL OCCUPATIC doore during most of world door during most of world doore during most of world doored during most of world doored during most of world doored during most of world door during most of the mode of dring, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERA-  19a. DATE OF OPERA-  19a. DATE (Mosth)  21a. ACCIDENT  21a. ACCIDENT  21a. ACCIDENT  21a. ACCIDENT  21a. SIGNATURE  ACCIDENT  22a. SIGNATURE  DATE REC'D BY LOCAL  DATE REC'D BY LOCAL	BIRTH MO.  I. PLACE OF DEATH  a. COUNTY  Jackson  b. CITY (II outside corpurate limits, write BOR OR S2S City Mo.  d. FULL NAME OF (If not in hospital or it HOSPITAL OR INSTITUTION General I  3. NAME OF a. (First)  DECEASED  (Type or Print)  5. SEX  6. COLOR OR RACE  Larrale  10a. USUAL OCCUPATION (Glive kind of work done during most of working life, even if retired)  13a. FATHER'S NAME  15. AVAS DECEASED EVER IN U. S. ARMED (The so, or unknown) (II yea, sive war or dates)  18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. II means the discase, injury, or complication which caused death.  19a. DATE OF OPERA- I 19b. MAJOR FINE Conditions contribricated to the discase, injury, or complication which caused death.  19a. DATE OF OPERA- I 19b. MAJOR FINE CONDITION (IDEASE OR CALL IN THE CALL I	STANDARD  STANDARD  STANDARD  STANDARD  STANDARD  STANDARD  STANDARD  REG. DIST. MO.  I. PLACE OF DEATH  a. COUNTY  Jackson  D. CITY (Hostaide corpurate limits, write RURAL and give township)  TOWN KAN SAS CITY MO.  G. LE township)  STANDARD  C. LE township)  STANDARD  C. LE township  STANDARD  STANDARD	STANDARD CERTIF  BIRTH MO. REG. DIST. MO. 149  I. PLACE OF DEATH a. COUNTY  D. CITY (If octacide corpurate limits, write RURAL and give township) STAY (In this place) TOWN KAI SAS CITY MO  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR HOSPITAL OR HOSPITAL OR INSTITUTION GENERAL TOWN GENERAL TOWN (Give hind of work dose during most of working life, even if redwel)  3. NAME OF a. (First) DECEASED (Type or Print)  10a. USUAL OCCUPATION (Give hind of work dose during most of working life, even if redwel)  13a. FATHER'S NAME  13b. MOTHER'S MAILE  13b. MOTHER'S MAILE  13b. MOTHER'S MAILE  13b. MOTHER'S MAILE  11c. In mean the discussion of during life work is to the above cause (a) stating the underlying cause last to underlying cause last to the above cause (a) stating during life working cause (a).  14c. Il means the discussion of more during the underlying cause last to the above cause (a) stating during life working cause last to the above cause (a) stating during life working cause last to the above cause (a) stating during life working cause last to the doctor cause (a) stating during cause last to the above cause (a) stating during cause last to the above cause (a) stating during cause last to the above cause (a) stating during cause last to the above cause (a) stating during cause last to the above cause (a) stating during cause last to the above cause (a) stating during cause last to the above cause (a) stating during cause last working cause last more above home, farm, factory, street, effect below, and that death occurred at 15c. Burring (Degree or tub)  21a. ACCIDENT (Boscity) (Boscity) (Hour) (Hour) (Cour) (Hour) (Boscity) (Boscity) (Hour) (Hour	STANDARD CERTIFICATE OF DEATH  a. COUNTY  December 1  3. CAUSE OF DEATH  a. COUNTY  Jackson  b. CITY (II contide corporate limits, write RURAL and size of the Corporation of the Corporatio	BIRTH NO.   PRIMARY REG. DIST. NO.   CO1	STANDARD CERTIFICATE OF DEATH  State File No. 141  PRIMARY REG. DIST. NO. 162  REG. DIST. NO. 141  PRIMARY REG. DIST. NO. 162  REG. DIST. NO. 141  PRIMARY REG. DIST. NO. 162  REG. DIST. NO. 162  REG. DIST. NO. 162  REGISTROY NO. 162  COUNTY JACKSON  D. CITY (It deceddes corporate limits, write RURAL and drive for Normally Jackson Divorse Jackson County of Normally State S	STANDARD CERTIFICATE OF DEATH  State File No.  REG. DIST. NO. 1912 Register's No. 2  I. PLACE OF DEATH  6. COINTY LIGHTONIAN COUNTY JACKSO  D. CITY LIGHTONIAN COUNTY JACKSO  G. CITY LIGHTONIAN COUNTY JACKSO  G. FILE NO.  STANDARD CERTIFICATION  G. CITY LIGHTONIAN COUNTY JACKSO  G. FILE NO.  STANDARD CERTIFICATION  G. CITY LIGHTONIAN COUNTY JACKSO  G. FILE NO.  STANDARD CERTIFICATION  G. FILE NO.  STANDARD CERTIFICATION  G. FILE NO.  STANDARD CERTIFICATION  G. CITY LIGHTONIAN COUNTY JACKSO  G. CITY LIGHTONIAN CO

11 (1) 115

Licensed Embalmer No.

## STATEMENT BY LICENSED EMBALMER

	reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No
• •	

Signed Chase Wield

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.