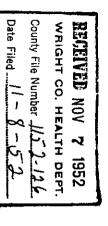
*** FLED NOV 10	1952	STANDARD CERTIFICATE OF DEATH State File No.			37482		
48 BIRTH NO.			PRIMARY REG. DIST. NO.		4		
I. PLACE OF DEA	TH	4			titution: residence before		
b. CITY (If outside our OR TOWN	purate listile, write B	URAL and give c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate it OR TOWN	imits, write RURAL and give town	1140		
d. FULL NAME OF OR HOSPITAL OR INSTITUTION	d. FULL NAME OF (If not in hospital or institution, glys street address or location) HOSPITAL OR INSTITUTION			ural, give iocation)	0		
1 5000000	a. (First)	b. (Middle) ie Nel Son	c. (Last) R.A.R.S	4. DATE (Month) OF DEATH 9	(Day) (Year) 2/-52		
(Type or Print) 5. SEX 10a. USUAL OCCUPATION done during most of working	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8)	18. DATE OF BIRTH	9. AGE (In years of these last birthday) Months			
10a. USUAL OCCUPATIO	N (Give kind of work g life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIBTHELACE (State or fore	ten country)	12. CITIZEN OF WHAT COUNTRY.		
13st PATHER'S NAME	Bara	136. MOTHER'S MAIDEN	Temple 14.	NAME OF HUSBAND OR WIF	ara)		
IF WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT'S SI Neva E.	GNATURE OR NAME	address como, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ONDITION MEDICAL (ber Pheun	onla	INTERVAL BETWEEN ONSET AND DEATH L. CAYS		
*This does not mean	This does not mean mode of dying, such Morbid conditions, if any, giving DUE TO (b)						
as heart failure, asthenia, etc. It means the discase, injury, or complica-	rise to the above of the underlying on	ange (a) mainig		<u> </u>			
tion which caused death.	Characterism a sometal	FICANT CONDITIONS buting to the death but not use or condition causing death.					
tion which caused death. 19a. DATE OF OPERATION	19b. MAJOR FIN	DINGS OF OPERATION		490×	20. AUTOPSY? YES NO 🔯		
21- ACCIDENT	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWN	ISHIP) (COUNTY)	(STATE)		
SUICIDE HOMICIDE OF 21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT MOT WHILE WORK AT WORK	2H. HOW DID ENJURY OCC	JR7			
22. I hereby certify alive on 9- 23a. SIGNATURE	hat I attended	the deceased from 3 1/1 1, and that death, occurred at	3 3 m., from the ca	2/ , 19.27, that I la uses and on the date state			
*	D. Nu	(Degree or title)	23b. ADDRESS	idd, to	23c. DATE SIGNED 10 -9 -32		
26. BURIAL, CREMA TION REMOVAL (Budis	24b. DATE 9 / 22	152 Macons	- Cemetery 2	LOCATION (City, town, or cou	nty) (State)		
DATE REC'D BY LOCAL REG	REGISTRAR'S	SIGNATURE 384	25. FUNERAL DIRECTOR	Terrell, 11	Mansfield		
1	(Licensed Embelmer's Statement on Reverse Side)						



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of	of this cer	rtificate v	was embalmed by me, or by
		Student	Embalmer No.
working under my personal supervision.	11		10.

Licensed Embalmer No. 477

P. O. Address P.

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

Student Embalmer