BIRTH MO. 1953 BIRTH MO. 1954 BIRTH MO. 1954				THE DIVISIO	N OF HE	ALTH OF MISS	OURI			400	~
BIRTH NO. State of DEATH State of	~	DEED 40.40	·	STANDARD	CERTIF	ICATE OF D	EATH	State	File No	403	2
1. PLACE OF DEATH 2. STATE MODE OF DEATH 3. STATE MODE OF COUNTY O	ا اما سسمبر	77	2624	_ REG. DIST. NO	3/7	PRIMARY REG. DI	57. mo. <u>گ</u>	-41		148	
a. COUNTY D. CITY (IT omedia corporate limits, write RURALs and given within 100 to 1		I. PLACE OF DEA	TH 52.	auis	10.0	2 USUAL RES	SIDENCE (ution: reside	no before
ORN CLAYTON MO 24 d. FILL NAME OF (If and is backed or landiguides, glystrest delices or locations) G. FILL NAME OF (If and is backed or landiguides, glystrest delices or locations) G. THOURS J. MAME OF STREET G. THOURS J. MARRIED, REVEN MARRIED D. (Middle) J. MARRIED, REVEN MARRIED D. (Last) J. MARRIED, REVEN MARRIED J. MARRI	02		CLAY			//		b. COU			pinimina) LS
Color or Race 7 MARRIED REVER MARRIED 8 DATE OF BIRTH 22 Married 10 MARRIED	_	TOWN CLA	TOWN CLAYTON MO 4442								
Color or Race 7 MARRIED REVER MARRIED 8 DATE OF BIRTH 22 Married 10 MARRIED	SCOR	HOSPITAL OR	If not in hospital or STUPU	institution, gipotreot addre	w or location) ソナソカ	ADDRESS	/ _ ' c'		kuod	BLUE	0
13a. FATHER'S MAKE DENNIE CHRISTIAN SAMED FORCEST 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ROLL OF MAKE ROLL	1 1	DECEASED	a. (First)	B b. (Mid	dle)	c. (Last)		OF	(Month)	(Day) (Year)
13a. FATHER'S MAKE DENNIE CHRISTIAN SAMED FORCEST 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ROLL OF MAKE ROLL	I.		60100 00 015	12 MADDIED DEVEN	MARRIED.	7 / 1 5 / 7 /	20			7-19	53
13a. FATHER'S MAKE DENNIE CHRISTIAN SAMED FORCEST 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ROLL OF MAKE ROLL	ANE	MALE	NEGRO	NO		24JAN	53	last birtiflay)	Months I		Min.
13a. FATHER'S MAKE DENNIE CHRISTIAN SAMED FORCEST 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ROLL OF MAKE ROLL	ERM	done during most of worlds)N (Give kind of work ng life, even if retired)		DUSTRY	11. BIRTHPLACE	4 4 44	e or Foreign Coun	''''/	COUNTRY	
BENNIE CHRISTIAN GRANTERN MONDAYE 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY (Yen, no. or uphnown) 17. INFORMANT'S SIGNATURE OR NAME 17. INFORMANT'S SIGNATURE	i ii					NAME .	14 NA	AE OF HUSBAND		Na.	_
Enter only one curse per line for (a), (b), and (c) This does not mean the the two of of sping, such as heart fallure, exthenia, etc. It means the discovered at the above cruses (a) stating the sunderlying cause last. DUE TO (c) DU	₹ 5	BENNIE	E CHRIS	TIAN GRA		/ MOND	ANE Z	M4 7	8" /	for the	TWE'
Enter only one curse per line for (a), (b), and (c) This does not mean the the two of of sping, such as heart fallure, exthenia, etc. It means the discovered at the above cruses (a) stating the sunderlying cause last. DUE TO (c) DU	B					17. INFORMAN	IT'S SIGNA	ATURE OR N.	AME //	ADD	BESS
Enter only one curse per line for (a), (b), and (c) This does not mean the the two of of sping, such as heart fallure, exthenia, etc. It means the discovered at the above cruses (a) stating the sunderlying cause last. DUE TO (c) DU	7		NO		No	ma	gari	YKorda	eng 8	1460	gres
This does not mean the mode of dying, such as heart fellure, eithenia, etc. It means the disc the above cause (a) stating the underlying cause last windrying cause last windry last windrying cause last windry last wi	NK	Enter only one cause per	I. DISEASE OR C	ONDITION	4,	\mathcal{D}_{i}	Amilis			INTERVAL E ONSET AND	
as heart failure, esthenia, etc. It means the discrete cause last. DUE TO (c) DUE UNDERS. 10. 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 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. Time (Moesth) (Day) (Year) (Electr) Suicide bidg. etc.) 21d. Time (Moesth) (Day) (Year) (Electr) WHILE AT WORK	CK	*This does not mean			(Rup	ture of Etrach (greater links)				41	
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24a. BURIAL, CREMA- 24b. DATE TION, REMOVAL Geseity) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) FATHER DICKSON KIRKWOOD MO	BLA	as heart fallure, asthenia,	THE TO THE GOODE	use last.	admin his // / / / / / / /					7	N
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INJURY 22. I hereby certify that I attended the deceased from \(-2 \frac{1}{2} = \), 19 \(\frac{1}{2} \), 5 that I last saw the alive on \(\frac{1}{2} = \), 19 \(\frac{1}{2} \), and that death occurred at \(\frac{1}{2} \) on., from the causes and on the date stated above. 23a. SIGNATURE 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DAT (Object of the county) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) TION. REMOVAL (Greats) 31-5 3 FATHER DICKSON KIRKWOOD MO	. 11	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (obome, farm, factory, street, o	e.g., in or about files bldg., etc.)	21c. (CITY, TOWN,	OR TOWNSHIP	P) (CO	UNTY)	(STAT	nE)
24. BURIAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) TION, REMOVAL (Specify) -31-53 FATHER DICKSON KIRKWOOD MO		OF	(Day) (Year)	WHILEAT	OT WHILE	21f. HOW DID INJ	URY OCCUR?				
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	_		A ha	in D. (De	gree or title)	23b. ADDRESS 6013. B.	entwe	od, Ca	u ton	23c. DATE:	SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DIF 25 EMERAL DIRECTOR'S SIGNATURE ADDRESS.	E E	24a. BURIAL, CREMA TION, REMOVAL (Breatly)	1-31-	5 3 24c. NAME	OF CEMETER	OR CREMATORY DISKSO				0	State)
		DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATURE DOM	lo-Min	25. FUNERAL DI	RECTOR'S	andel	W/31	Elle	h.
(Licensed Embaimer's Statement on Reverse Side)	. 0	٠ ١٠٠٠		(Licensed	Embalmer's S	atement on Reverse	Side)	Y .			/

19

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

21

Licensed Embalmer No. 4253

P. O. Address 13 Control of the Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

the above constitutes grounds for revocation of license.)

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