			THE DIVISION OF HE	ALTH OF MISSOU	iri	Challel on the	
0.300	TILLE AUG 20 1953 STANDARD CERTIFICATE OF DEATH State File No.				, 277U1		
7.40	IRTH NO REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5//4 Registrar's N					No. 5-21	
a 0	I PLACE OF DEA	TH				f Institution: residence before	
b [*] ', Ι	a. COUNTY A	0	•	a. STATE	b. COUNTY	adminion).	
1 1	b. CITY (If outside cor	purata limita. Prita R	URAL and sive C. LENGTH OF	c. CITY (If outside cor	porate limits, write RURAL and give	township)	
_	OR TOWN P	-0	township) STAY (in this place	TOWN P	and.	11100000	
	d. FULL NAME OF (f not in bospital or it	natitution, gife street address or location)	d. STREET	(If rural, give location)	***	
RECORD	INSTITUTION	lear K	inder mo	ADDRESS	ar Kinder	mo. P.D.	
RE	3 NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Mon	th) (Day) (Year)	
l I	(Type or Print)	HARLE	S F	WARNA	FR S DEATH AUG	1. 9,1953	
EN	5. SEX / 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9, AGE (In years last birthday)	UNDER I YEAR IF UNDER 11 HRS. oths Days Hours Min.	
AN	<u>m′ </u>	w.	marriel	april 9, 188	38 65 4	L 0	
V . PERMANENT	10a. USUAL OCCUPATIO done during must of working	N (Give kind of work a life, even if retired)	106. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	COUNTRY?	
> 🖺	-Farmer		<u> </u>	De Sati	2, mo.	<i>U</i> , S, <i>A</i> .	
	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND OR	WIFE	
. B	lukna	يسان	<u> </u>	14/		Mer, Kinder	
AK.	15. WAS DECEASED EVER (Yes. no. or unknown) (If			17. INPORMANT	S SIGNATURE OR NAME	ADDRESS >	
₹ ₹]	770.	<u> </u>	MEDICAL	ERTIFICATION	cable F 710	I INTERVAL BETWEEN	
7 [10. CAUSE OF DEATH ONSET AND DEATH ONSET AND DEATH						
IN IN	line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)						
G S	This does not mean ANTECEDENT CAUSES						
) 4	the mode of dying, such as heart failure, asthenia. Morbid conditions, if any, giving DUE TO (b) After the above cause (a) stating Tise to the above cause (a) stating						
H. H.	etc. It means the dis-	the underlying car	use last. DUE TO (c)	•			
ඉ පු ∣	ease, injury, or complica- tion which caused death.	II. OTHER SIGNII	FICANT CONDITIONS	. 4	····		
, á l		Conditions contributing to the death but not related to the disease or condition causing death.					
UNFADING	19a, DATE OF OPERA-	1 19b, MAJOR FINDINGS OF OPERATION 20. AUTO		20. AUTOPSY?			
7	TION	422 YES NO [
ا د	21a. ACCIDENT		21b. PLACE OF INJURY (a.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNT	(STATE)	
SING	SUICIDE HOMICIDE		home, farm, factory, etreet, office bldg., etc.)			· '	
Sp	21d. TIME (Month)	(Day) (Year)	(Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY	OCCUR?	_	
_]	OF INJURY WHILE AT WORK AT WORK						
5 []	2. I hereby certify that I attended the deceased from 7-10, 1923, to 7-26, 1933, that I last saw the deceased						
AFRICA	alive on 7-26, 1923, and that death occurred at m., from the causes and on the date stated above.						
17.	23a. SIGNATURE	·)	_(Degree or title)	23b. ASPRESS	. Do un	23c. DATE SIGNED	
Ė	nan	$\kappa \sim \epsilon$	meel m	11/ Melal	Jekung In	1 8 - 12-27	
WRITE	24a. BURIAL, CREMA TION REMOVAL (Breedly)	24b. DATE	. رسا		24d. LOCATION folty, lown, or	county) (State)	
≨	Burial	aug 11,1	700	25 FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	
ļ	DATE REC'D BY LOCAL	HELSTRAR'S	SIGNATURE 1 25	R Q 3		P. Toward	
ł	0.17-53	10 [Ulle	(Licensed Embalmer's	Statement on Reverse Sid	ener <i>el Hame</i> b)	ameanell,	
	<u> </u>		(Firstner cumsular)			11/0.	

WE 25 1853

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	e reverse side of this certificate was embalmed by me, or by
,	Student Embelmer No.
orking under my personal supervision.	
Student Embalmer	Signed J. E. Stations Licensed Embalmer No. 2000

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

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