	· -			VIH OF WISS					
FILED OCT	1.E 10E9	STANDARD	CERTIF	ICATE OF D	EATH	State	e File No!	3180	16
BIRTH NO	TO 1909	_ REG. DIST. NO	149	PRIMARY REG. DIS	sт. но. <u>/</u> С	002 Reni	isteae's No	453	3
1. PLACE OF DE	ATH			2. USUAL RES	IDENCE (Where deceased I	ived. If in-	tution:!-	
a. COUNTY		Jackson		II a. STATE	gouri	b. CO	UNTY		da bei
b. CITY (If outside (corporate limits, write R	URAL and give C. Li	ENGTH OF	c. CITY	301111			dwell	
TOWN Kansa		3 ((In this place)	TOWN Bred	kenride	ge]	a city o Yes	ence within lim r incorporated (pwa?
d. FULL NAME OF HOSPITAL OR INSTITUTION	Menorah H	estitution, give etreet address [ocnite]	or location)	ADDRESS	(H rural,	give location)		0/3	クー
3. NAME OF	a. (First)	b. (Midd	le)	c. (Last)	:: - · · ·	4. DATE	(35		
DECEASED (Type or Print)	CECIL	LEE		JAMES	1	l OF	(Month)		Year)
	S. COLOR OR RACE	I 7. MARRIED NEVER M	IARRIED.	8. DATE OF BIRTH		19 AGE (In use	ept. 17		ER M HX
Male	White	WIDOWED DIVORCE	D (0) (1)	Sept. 28, 1		3 (birthday)	Months 1	Days Hours	
done during most of work Farmer	ION (Give kind of work	10b. KIND OF BUSINE	SS OR IN- DUSTRY	11. BIRTHPLACE Caldwell C	ounty,	te or Foreign Co Missouri	untry) 1	2. CITIZEN COUNTRY	F WHA
a. FATHER'S NAME	E	13b. MOTHER	'S MAIDEN	NAME	14. NA	WE OF HUSBAN	D'OR WIFE		
Wallace	James	Mae A	dams	_		a Faye J			
5. WAS DECEASED EV	ER IN U.S. ARMED F	FORCES? 16. SOCIAL	SECURITY	17. INFORMAN	T'S SIGN	ATURE OR N	AME	ADDE	FCE
UNKNOW				Dora Faye	James.	Breckeni	ciage, i	M18SOU:	
	Y\	UNKNO	\boldsymbol{w}_{N}	,					rī"
		ME		ERTIFICATION				INTERVAL B	ri.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I DISEASE OR CO	ME		AI					ri. ETWEE DEATH
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ME ONDITION ING TO DEATH*(a)	EDICAL C	n abs	CES-			INTERVAL B ONSET AND	TTWEE
18. CAUSE OF DEATH Enter only one onice per line for (a), (b), and (c) *This does not mean the mode of dying, such	I. DISEASE OR CO DIRECTLY LEADI ANTECEDENT CA	ME ONDITION ING TO DEATH*(a)	Brai	n abs				INTERVAL B	ri DEATI
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STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signature of Student Embalmer

Signed 7. S. Wallan

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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