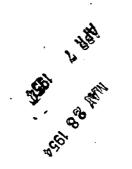
SOUCO BEAD				ALTH OF MISSI ICATE OF D		State I	ile No	5748			
FILED MAR	15 1854	REG. DIST. NO.	294	PRIMARY REG. DIS			rar's No5				
1. PLACE OF DEA	тн <i>R</i> andolph	1		2. USUAL RES	idence (v	MP1996)		: residence before admission).			
b. CITY (If outside so: OR TOWN M	oberly	URAL and give township) STA	LENGTH OF	c. CITY (If outside OR TOWN Mad:	corporate limita LSON	. write BURAL and	l give township)	0640			
d. FULL NAME OF ( HOSPITAL OR INSTITUTION	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Woodland Hospital					d. STREET (If rural, give location) ADDRESS XXXXXXX					
3. NAME OF DECEASED (Type or Print)	a. (First) Ira	b. (Middle) Moss		c. (Last) Daws on	, ,	4. DATE (	Month) 5 (Da	y) (Year) 54			
	color or race white	DLOR OR RACE 7. MARRIED, NEVER MARRIED,		8. DATE OF BIRTH 6/1/188		9. AGE (In years	IF UNDER I YEAR Months   Days	F UNDER 24 HES. Hours Min.			
10a. USUAL OCCUPATIO	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR IN- farming DUSTRY		11. BIRTHPLACE (State or foreign of MON 100 CO		12. CI	TIZEN OF WHAT			
13a. FATHER'S NAME Edward P	ryor Daws		r's maiden zabeth			e of husband		liam On			
15. WAS DECEASED EVE (Yee. no. or unknown) (If	R IN U.S. ARMED F		SECURITY NO.	17. INFORMAN	T'S SIGN	TURE OR NA		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR CO DIRECTLY LEADI		Teul	ENTIFICATION	arles	I hefe	reliant INTI	ERVAL BETWEEN SET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) Palumantist & Effection Ming / Odergo rise to the above cause (a) stating the underlying cause last.  DUE TO (c) Subardinan Jemantise 2 (day).										
tion which caused death.	11. 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 FIND	INGS'OF OPERATION	7 3.13	भाषा <b>चार</b> ्षेत्रण १०००		, 330	O X 20.	AUTOPSY?			
21a. ACCIDENT SUICIDE HOMICIDE		P.1b. PLACE OF INJURY ( nome, farm, factory, street, o		21c. (CITY, TOWN, (	OR TOWNSHIP	) (COI	JNTY)	(STATE)			
21d. TIME (Month) OF INJURY	(Day) (Year) (	Hour)   21e. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21f. HOW DID INJU	IRY OCCUR?	•					
2. I hereby certify to		he deceased from _ Kand that death o		, 1954, to		, 19, th and on the do					
23a. SIGNATURE			gree or title)	23b. ADDRESS	lely	luo		DATE SIGNED			
24a. BURIAL CREMA TION, RENOVAL CREMA	Mch. 7		of CEMETER Sunset	H111	240. LOCA	TION (City, town adlson		(State)			
DATE REC'D BY LOCAL REG	REGISTRAR'S S	IGNATURE	269 rue 1	25. FUNERAL DIR	ECTORISTS	MATURE	Ma doso	\$ No			
		(Licensed	Embalmer's S	isterneut on Reverse	Side)		a squee	<b>)</b>			



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate	was embalm	ed by me, or	by
D	Student	t Embalmer	Ro	*****

working under my personal supervision.

Student Embalmer

Licensed Embalmer No.....

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

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