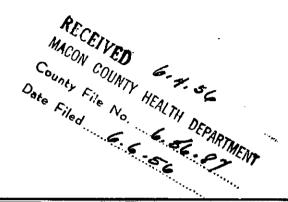
FII	ED JUN	17 1	סבכ			ALTH OF MISSOURI		4	7037
				_		mary Registration Distric		ATE FILE NU	MBER IVI
1. PLACE OF DEATH  a. COUNTY Macon 0610						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE MO  b. COUNT Macon B6			
0 T0	OWN at	lan	ta	TOWNSHIP only)	YMO No 0	e. CITY OR TOWN AZ	Lanta	•	Inside Limits ()
HC	JLL NAME O SPITAL OR STITUTION	Der (II NOT	inhospital, s	give location) Len	gth of stay in 1b	d. STREET ADDRESS	(If outside	, give location	) Reside on Form Yes D No D
3. NAME DECEA (Type o		Co	First	ma	diedie	Bond	4. DATE OF DEATH	Month May.	Day Year 24, 1956
5 sex	ele 1	6. COLOR	te	WIDOWED E	EVER MARRIED []	8. DATE OF BIRTH	9. AGE (In y last birthd	ears LE UNDER!  ay) Months L	YEAR IF UNDER 24 HRS. Days Hours Min.
Ke	L OCCUPATION	king life, ev	of work done en if retired)	4000 Mind OF BUSIN	ess or industry	Clinton	etate or country)	2 ZL, S	OF WHAT COUNTRY?
13. FATHER	en	ZE)	E FC	son H.	adley	14. MOTHER'S MAIDEN NA  Avvill  17. INFORMANT	a Rho	Les- Address	
(Yes, no. or	unknown) (	Is wear hijne we V	ar or dates of se	reice) M	nc.	mis Har	ny Kadl	ey at	lanta Mo
18. CA	PART I. DEAT		SED BY:	se per line for (a), (	b), and (c).]	Heat	ailura	· .	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, i	ise to	DUE TO (8)	Topo	Hear	Jaile	ue -		<del></del>
z	above cause stating the r tying cause PART II OTHE	inder- last.	DUE TO (c)_	CONTRIBUTING TO DEAT	LA BILL MAT DEL ATEN	TO THE TERMINAL DISEASE CO.	NOTION GIVEN IN PART I	(0)	9. WAS AUTOPSY
<u> </u>					ممت	clerese	5 43	41	PERFORMED? YES NO 4
CERT	CCIDENT	SUICIDE		206. DESCRIBE HOY	V INJURY OCCURRE	O. (Enter nature of injur	y in Part I or Part II	of tem 18.)	
	ME OF Hot JURY a. 1 p. 1	n.	, Day, Year						
20d. IN WHILE WORK		RED TWHILE E	20e. PLACI	E OF INJURY (e. g., i factory, street, office	n or about home, e bldg., etc.)	20/. CITY, TOWN, OR LOC	CATION	COUNTY	STATE
	ttended th		7.30	une 21	m on the date	styld above; and to t	and last saw her him he best of my kno	alive on W	Che causes stated.
22a. S	GNATURE	2.	mol	(Degrée or title)	o lee?	aborator	te m	Zu .	22c. DATE SIGNED 5-26-57
	CREMATION, AL (Special)	236. DATE	м 27 19	23c. NAME OF	CEMETERY OR CI	REMATORY 23d	LOCATION (City, 1000)	n. or county)	(State) 707 0
24. FUNERA	L DIRECTOR	Go	A L	CUG		TE RECD. BY LOCAL REG.	26/ REGISTRAR'S SI	M SL	ely.
	attanta Mo (Licensed Embalmer's Statement on Reverse Side)								



## STATEMENT BY LICENSED EMBALMER

T 1 1 41 41 1 1		on the reverse side of this certificate was
I nereby certury that the body	whose name is recorded (	on the reverse side of this certificate was
	•	
by me, <del>or by</del>		, Student Embalmer No
working under my personal supervi		

Student Signature of Student Embalmer Signature of Student Embalmer

P. O. Address Atlant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.