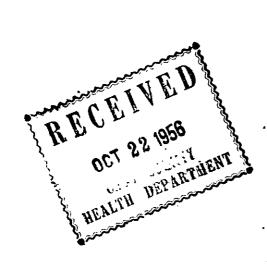
V.S. No.300	II .	THE DIVISION OF HE		33384	
REV. 10-48	FILED OCT 24 1956	STANDARD CERTIF		te File No.	
$\sigma_{ m M}$	SIRTH NO	_ REG. DIST. NO		gistrar's No. 146	
olvi ,	1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where decomes a. STATE Missouri b. C	ited. If institution: residence before OUNTY Cass admission).	
2	b. CITY (If outside corporate limits, write R OR Archie TOWN	URAL and give c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURA) OR TOWN Archie	and give township) 90	
RECORD	d. FULL NAME OF (If not in hospital) or in HOSPITAL OR INSTITUTION A CLASS	astitution, the street address or location)	d. STREET (If rural, stre location) ADDRESS General Delever	7	
1	3. NAME OF a. (First) DECEASED GOOTGE (Type or Print)	b. (Middle) William	a (Last) 4 DATE OF OF DEATH	oct. (13) 1956	
PERMANENT	5. SEX C 6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	Feb. 24, 1897 ^ 9. AGE (In last blitched	years of Under 1, YEAR OF UNDER M HES, ay) Months Days Hours Min.	
ERM	10a. USUAL OCCUPATION (Give kind of work done during post of working Ille, even if retired) School Custodian	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (City and State of Foreign Agnow Nob.	Country) / 12. CITIZEN OF WHAT COUNTRY?	
⋖	13a. FATHER'S NAME Bryon Alysworth	136. MOTHER'S MAIDEN Laura Dougla		and or wife e Alysworth	
MAKE	15. WAS DECEASED EVER IN U. S. ARMED (Yes, po, of unknown) (If yes, rive war or dates World War 1	of service) 492-38-5020	17. INFORMANT'S SIGNATURE OR Mrs. Marie Alice Alyswo	•	
INK	18. CAUSE OF DEATH Briter only one cause per 1 I. DISEASE OR CONDITION One of the condition of the conditi				
BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, dc. It means the discase, injury, or complica- DUE TO (c) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (by TIPERT SIVE HEART DISCASSE) Morbid conditions, if any, giving DUE TO (by TIPERT SIVE HEART DISCASSE) DUE TO (c)			sense Zyenes	
UNFADING	tion which caused death. II. OTHER SIGNI	FICANT CONDITIONS miting to the death but not use or condition causing death.	1 Tive Car		
UNEA	19a. DATE OF OPERA- 19b. MAJOR FINI	DINGS OF OPERATION	4	20 (yes	
• • • •	21a. ACCIDENT SUICIDE HOMICIDE	21b, PLACE OF INJUBY (s.g., in or about home, farm, factor perfreet, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY) (STATE)	
	218. ACCIDENT SUICIDE SOURCE SOURCE		<u> </u>		
PLAINLY	22. I hereby certify that Lattended the deceased from				
	23a. SIGNATURE	gu ha de	Harrisonou	Lema OCT. 1699TL	
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Oct. 15		ill Cemetery Adrain, Mi	ssouri	
457	DATE REC'D BY LOCAL REGISTRAR'S	a Barnar	Others Bros. O.	Lehie, mo.	
(Licensed Embalmer's Statement on Reverse Side)					



STATEMENT BY LICENSED EMBALMER

[hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No
corking under my personal supervision.	Signed Padent atkingon
Student	Signed Table Cleanon
Student Embalmer	Licensed Embalmer No. 4902
	P. O. Aldrew Darry musch, Mr.

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