	, 1	FR T 6 1900	297 Prim			602	2 Registrar's No.	22	STATE	FILE NUMBER
1	 R	egistration District No	Prim	nary Registration	District N	No. 900 0.	Registrar's No.			
-	1.	PLACE OF DEATH		-			11		eased lived. If inst	itution: Residence b
ı		a. COUNTY Ray					a. STATE Missouri. b. COUNTY Ray admission)			
ı	b. CITY (If outside corporate limits, give TOWNS			SHIP only)	HIP only) Length of stay in 1b		c. CITY OR			Inside Lin
1	OR TOWN Richmond Township				2 months			chmond		Yes ⊈ N
ı	_	C FILL NAME OF U.S.	tion)	lr.	nside Limits	d. STREET ADDRESS		cutside, give location	on) Reside on	
ľ		HOSPITAL OR INSTITUTION Ray County Memor		risl Hosp. Yes□ No 🕱		ADDRESS 149 S. Institute			Yes 🗆 N	
ł	$\frac{-}{3}$. NAME OF DECEASED	First		Middle		Lest	4. DATE	Month	Day Yes
ı		(Type or print)	MARY	FRAN	UCES		CLARK	l OF	Feb. 1, 190	60
ı		. SEX	6. COLOR OR RACE	7. Married		er Married 🗆	8. DATE OF BIRTH	1	birthday) IF UNDER	
ı]	Female	White	Widowed &		Divorced 🗋	L/21/1873	86	Months	Days Hours
ı	10		(Give kind of work done	10ь. KIND OF B	BUSINESS	OR INDUSTRY			r country) 12. CITI	ZEN OF WHAT COUN
ı	during most of working life, even if re		a life, even if retired)	Own hon	ne.		Millville	. Missou	ri U	.S.A.
	13	Housewife 38. FATHER'S NAME				MAIDEN NAME			NAME OF HUSBAND	
		Charles F.	Bates	Mary V. Lamar				Ja	mes A. Cla	rk
	15	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SC		CURITY NO.	17. INFORMANT	Ι.	Address	
	{Y	NO or unknown) (If	yes, give war or dates of s	service)	None		Mice Tache	Clark.	Richmond,	Mo.
,	INTE									
PART I. DEATH WAS CAUSED BY:								, ,		INTERVAL BET
ا چ	·	PART I.		~ <i> </i> -	and (c).	STA	T/c	PNev	MONIA	ONSET AND D
CUME		PART I.	(Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	~ <i> </i> -	and (c).	STA	T/C	Prev	MONIA	
DOCUME			IMMEDIATE CAUSE (a)) _H X	and (c).	STA	T/c	Prev	MANIA	
DOCUMENT		Candition which ga	IMMEDIATE CAUSE (a) ns, if any, DUE TO (b) nve rise to) _H X	and (c).	STA	7/6	PNEV	'MANIA	
DOCUMEN		Condition which ga above stating t	IMMEDIATE CAUSE (a) ns, if any, DUE TO (b) use rise to (a), ause (a), he under-		end (c).	STA	17/c	PNEV	'MONIA	
DOCUMEN	N.	Condition which go above constaining the lying ca	IMMEDIATE CAUSE (a) ns, if any, properties to lause (a), the under-properties to lause (a). OTHER SIGNIFICANT CO	c) A Y	PO	STA	H but not related to	Prev	SSIS	ONSET AND D
DOCUMEN	ATION	Condition which go above constaining the lying ca	IMMEDIATE CAUSE (a) ns, if any, DUE TO (b) use rise to (a), ause (a), he under-	c) A Y	PO	STA	17/c	Prev	PART III. If de	Ceased was femal a pregnancy in last 9
DOCUMEN	FICATION	Condition which go above constraing the lying carry page 11.	IMMEDIATE CAUSE (a) ns, if any, live rise to lause (a), he underlose last. DUE TO (compared to the property of the property o	c) A Y	Po T NTRIBUTI		M - SC	Prev	PART III. If der	ceased was femel pregnancy in last 9
DOCUMEN	u_]	Condition which go above containing the string of the stri	IMMEDIATE CAUSE (a) ns, if any, properties to lause (a), the under-properties to lause (a). OTHER SIGNIFICANT CO	c) A Y	Po T NTRIBUTI		M - SC	Prev	PART III. If de	ceased was femel pregnancy in last 9
DOCUMEN	CERTIF	Condition which go above containing the stating the stating the stating the stating the state of	IMMEDIATE CAUSE (a) ns, if any, over rise to ause (a), he under hose last. OTHER SIGNIFICANT Condisease condition given in the condition given	c) A CONDITIONS CON IN PART 1 (a)	Po T NTRIBUTI		M - SC	Prev	PART III. If der	ceased was femel pregnancy in last 9
DOCUMEN	CERTIF	Condition which ge above c stating ti lying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO IT 20c. TIME OF Houl INJURY a.m.	IMMEDIATE CAUSE (a) ns, if any, proverise to lause (a), he under- nuae last. Due TO (c) OTHER SIGNIFICANT Co disease condition given in 100 condition of the	c) A CONDITIONS CON IN PART 1 (a)	Po T NTRIBUTI		M - SC	Prev	PART III. If der	ceased was femel pregnancy in last 9
DOCUMEN	u_]	Condition which ge above c stating ti lying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO IT 19. WAS AUTOPSY PERFORMED? YES NO IT 19. WAS AUTOPSY PERFORMED? YES NO IT 20c. TIME OF Hour INJURY a.m. p.m.	IMMEDIATE CAUSE (a) ns, if any, proverise to lause (a), he under lause last. OTHER SIGNIFICANT Confidence condition given in the under lause last. OTHER SIGNIFICANT Confidence condition given in the under lause last.	c) A YOUNG TO THE HOMICIDE	PO T NTRIBUTI	DESCRIBE HOV	W INJURY OCCURRED	leve of the terminal . (Enter nature of	PART III. If dee there a	Ceased was female pregnancy in last 9 PART II of item 18.)
CCCME	CERTIF	Condition which go above to stating the state of the stat	IMMEDIATE CAUSE (a) Ins., if any, live rise to lause (a), he underloade last. DUE TO (c OTHER SIGNIFICANT C disease condition given in Month, Day, Year D. 20e, PLACE	c) A CONDITIONS CON IN PART 1 (a)	PO A A A A A A A A A A A A A A A A A A A	DESCRIBE HOV	M - SC	leve of the terminal . (Enter nature of	PART III. If der	Ceased was female pregnancy in last 9 PART II of item 18.)
DOCUMEN	CERTIF	Condition which ge above c stating ti lying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO IT 19. WAS AUTOPSY PERFORMED? YES NO IT 19. WAS AUTOPSY PERFORMED? YES NO IT 20c. TIME OF Hour INJURY a.m. p.m.	IMMEDIATE CAUSE (a) Ins., if any, live rise to lause (a), he underloade last. DUE TO (c OTHER SIGNIFICANT C disease condition given in Month, Day, Year D. 20e, PLACE	c) A COMMITTIONS CONTINUE HOMICIDE OF INJURY (e.g.	PO A A A A A A A A A A A A A A A A A A A	DESCRIBE HOV	W INJURY OCCURRED	the terminal . (Enter nature of	PART III. If december a property of injury in PART I or	Ceased was female pregnancy in last 9 PART II of item 18.)
DOCUMEN	CERTIF	Condition which go above to stating the state of the stat	IMMEDIATE CAUSE (a) Ins. if any, live rise to ause (a), he underly located last. OTHER SIGNIFICANT Condisease condition given in the underly located last. Month, Day, Year D	c) A COMMITTIONS CONTINUE HOMICIDE OF INJURY (e.g.	PO A A A A A A A A A A A A A A A A A A A	DESCRIBE HOV	W INJURY OCCURRED	leve of the terminal . (Enter nature of	PART III. If december a property of injury in PART I or	Ceased was female pregnancy in last 9 PART II of item 18.)
DOCUMEN	CERTIF	Condition which gas above to stating the straing of lying case of of ly	IMMEDIATE CAUSE (a) Ins. if any, live rise to ause (a), he underly located last. OTHER SIGNIFICANT Condisease condition given in the underly located last. Month, Day, Year D	c) A YOUNG TO THE HOMICIDE OF INJURY (e.g. factory, street, of	PO A A A A A A A A A A A A A A A A A A A	DESCRIBE HOVE	W INJURY OCCURRED	the terminal (Enter nature of	PART III. If december a property of injury in PART I or	Ceased was female pregnancy in last 9 PART II of item 18.)
	CERTIF	Condition which go above containing the straining of the	IMMEDIATE CAUSE (a) Ins., if any, over rise to lause (a), over rise to lause (a), over rise last. OTHER SIGNIFICANT Condisease condition given in the underlaw of the underl	c) A YOUNG TO THE HOMICIDE OF INJURY (e.g. factory, street, of	NTRIBUTION 20b.	DESCRIBE HOVE	W INJURY OCCURRED	the terminal (Enter nature of	PART III. If dee there a property of injury in PART I or	Ceased was female pregnancy in last 9 PART II of item 18.)
-C	CERTIF	Condition which gas above conting the string of lying cases and the string of lying cases and the string of lying cases and ly	IMMEDIATE CAUSE (a) Ins., if any, over rise to lause (a), over rise to lause (a), over rise last. OTHER SIGNIFICANT Condisease condition given in the underlaw of the underl	on Difficult (a) OF INJURY (e.g., factory, street, of:	NTRIBUTION 20b.	DESCRIBE HOVE	W INJURY OCCURRED	the terminal (Enter nature of	PART III. If dee there a property of injury in PART I or	Ceased was femels pregnancy in last 9 PART II of item 18.) The course stated.
5	, MEDICAL CERTIF	Condition which gas above containing flying castaining ca	IMMEDIATE CAUSE (a) Ins., if any, over rise to lause (a), over rise to lause (a), over rise last. OTHER SIGNIFICANT Condisease condition given in the underlaw of the underl	c) A YOUNG CONDITIONS	Po T T T T T T T T T T T T T T T T T T T	DESCRIBE HOVE	W INJURY OCCURRED WINJURY OCCURRED ROF. CITY, TOWN, OR e date stated above; 22b. ADDRESS	the terminal (Enter nature of the test saw her him) and to the best	PART III. If deet there as the state of injury in PART I or country of my knowledge, from the state of the st	ONSET AND D Ceased was femels pregnancy in last 9 PART II of item 18.) Om the causes stated.
TO.	, MEDICAL CERTIF	Condition which gas above to stating filling the state of	IMMEDIATE CAUSE (a) This, if any, ive rise to ause (a), the underly last. OTHER SIGNIFICANT Condisease condition given in the underly last. Month, Day, Year D	ONDITIONS CON in PART 1 (a) OF INJURY (e.g. factory, street, of:	PO T T T T T T T T T T T T T T T T T T T	bout home, 2 to m on the	W INJURY OCCURRED WOLLD TO THE STATE OF THE	the terminal (Enter nature of the test saw her him) and to the best	PART III. If deethere a graph of injury in PART I or COUNTY	ONSET AND D Ceased was femels pregnancy in last 9 PART II of item 18.) Om the causes stated.
	MEDICAL CERTIF	Condition which gas above containing flying castaining ca	IMMEDIATE CAUSE (a) Ins., if any, over rise to ause (a), the underly of the unde	ONDITIONS CON in PART 1 (a) OF INJURY (e.g. factory, street, of:	PO T T T T T T T T T T T T T T T T T T T	bout home, 2 to m on the	W INJURY OCCURRED WOLLD TO THE STATE OF THE	the terminal (Enter nature of the terminal that saw here the terminal that the term	PART III. If deet there as the state of injury in PART I or country of my knowledge, from the state of the st	ONSET AND D Ceased was femels pregnancy in last 9 PART II of item 18.) Om the causes stated.

981 C 1 STATEMENT BY LICENSED EMBALME

	I hereby certify that the body whose na	ame is recorded on the reverse side of this certificate was embalmed by
Z	ector	, Student Embalmer No
	\ ,)	
١	working under my personal supervision.	
	S. 1	Signed_ Levant Marman
٤	StudentSignature of Student Embalmer	Signed

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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