RI E	ILL		S AUG 2 9 19	1142	ъ.	B 1	D1 4 1 4 44	1000	Registrar's No	875		STATE	FILE NU	MBER	
DED		—	egistration District No -	·	Prim	ary Registration	n District No		Registrar's No	·					
1		1.	. PLACE OF DEATH	ichanan			<u> </u>		USUAL RESIDE . STATE Mis:		COLLEGE	d. If inst achana		Residence admiss	
			b. CITY (If outside OR TOWN St.	corporate limits	give TOWNS	HIP only)	Length of stay	y in 1b	c. CITY OR	. Joseph				Inside I	
		_	c. FULL NAME OF	(If NOT in hospi	-		most of	Limits	ADDRESS		If outside, o	_	on)	Reside o	
\perp	4	<u> </u>	NAME OF DECEASE	24 No. 2	nd Stre	eet	Middle		132	24 No. 2	nd Str		Day		'ear
		,	(Type or print)	JAME		ARTI		ADAM		OF DEATH	August	. 1	7.	1960	
		1	s. sex Male	6. COLOR Whit		7. Married∑ Widowed		=	DATE OF BIRTH /19/1881	1	it birthday)	1F UNDER	Days	Hours	Min.
			la. USUAL OCCUPATION during most of wo	ON (Give kind of rking life, even i	f work done (f _s retired) _		BUSINESS OR I	NDUSTRY 11	BIRTHPLACE	(City and state	or country)	12. CIT	ZEN OF	WHAT CO	UNTRY
		13	Engineer B. FATHER'S NAME	(retired	() P:	loneer S	Sand Co. MOTHER'S MAID!	EN NAME	arksdale	9, MO 14.	NAME OF	USBAND	OR WIFE		
		15	George W.		AED FORCES?	Sa	ally Stor	neman Y NO. 17.	INFORMANT	Mrs	Berth				
		fY.	es, no, or unknown) [1			1.13	24 No	. 2nd	i Str	<u></u>
			No I			[49]	-09-0190	Mr	s.Bertha	M. Ada		Jose	ph. I	10.	
	AENT			ATH (Enter only of	one cause per CAUSED BY:	[49] line for (a), (b)	-09-0190 , and (c).	Mr	s. Rertha	M. Ada	ms, St	Jose	ph. I	TO . TERVAL BE	TWEEN
į	OCUMENT		No I	ATH (Enter only of		[49] line for (a), (b)	1-09-019(), and (c).	Mr	s. Bertha	M. Ada	ms, St	. √ose	ph. I	10. ERVAL BE	TWEEN
	DOCUMENT		NO 18. CAUSE OF DEA PART Cond which above	ITH (Enter only c I. DEATH WAS IMMEDIA itions, if any, h gave rise to e cause (a), e g the under-	one cause per is CAUSED BY: ATE CAUSE (a) DUE TO (b)	149 line for (a), (b)	-09-0190 , and (c).	Mr.	s. Bertha	M. Ada	ms, St	Jose	ph. I	10. ERVAL BE	TWEEN
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	DOCUMENT	FICATION	Cond which above static lying PART 19. WAS AUTOPSY PERFORMED? YES NO MARTON 20c. TIME OF H INJURY 8.	ITH (Enter only of I. DEATH WAS IMMEDIA itions, if any, h gave rise to e cause (a), g the under-cause last. II. OTHER SIG disease con 20a. ACCIDE	DUE TO (constitution given i	on PART I (e)	ONTRIBUTING TO	O DEATH but	Pre-	o the terminal	ms, St	III. If de there:	ceased a pregnar	Was femory in last	JO DEATH
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TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	is recorded on the reverse side of this certificate was embalmed by r
or by	, Student Embalmer No
working under my personal supervision.	$\Omega \Omega = \Omega \Omega$
Student Signature of Student Embalmer	Signed Charles & Servet
	Licensed Embalmer No.

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