.[=	Registration District No.		mary Registration		2. USUAL-RESIDEN		and livery 16 inc	etitution. Bosidense	h-6
I_{-}	PLACE OF DEATH OUNTY	Jackson			a. STATE Miss	b. COUR	NTY _	kson admiss	ion)
ı	b. CITY (If outside c OR	corporate limits, give TOWN:	SHIP only)	Length of stay in 16	c. CITY OR	a		Inside	Limit
	town Kar	nsas City		57 years	TOWN F	Kansas ^C it	y	Yes 🔀	No
l	C. FULL NAME OF (1) HOSPITAL OR	f NOT in hospital, give loca	tion)	Inside Limits	d. STREET ADDRESS	(If cu	itside, give locat	ion) Reside o	n Far
.		VA Hospital	<u></u>	Yes ₩ No 🗆	58	300 Virgin	ia	Yes 🗆	No
-	3. NAME OF DECEASES (Type or print)	D First		Niddle	Last	4. DATE OF	Month	Day Y	ear
I _		ASA_	A	LLEN	ALCORN	DEATH	9th		-96
	5. SEX	6. COLOR OR RACE	7. Married 🔀		B. DATE OF BIRTH	9. AGE (last bir	thday) IF UNDE Months	R 1 YEAR IF UND	
	Male	White	Widowed [] Divorced [5/6/91	69	1	Days Hours	٨
	10a. USUAL OCCUPATION	N (Give kind of work done	10b. KIND OF B	USINESS OR INDUSTRY	Y 11. BIRTHPLACE (City and state or co	ountry) 12. CIT	IZEN OF WHAT CO	UNT
I	Retired Posts	ing life, even if refired)	J		Seneca,	Towa	J v.	S.A.	
1	13a. FATHER'S NAME		13b. MC	THER'S MAIDEN NAME	E	14. NAA	AE OF HUSBAND		_
	Wilson W.	Alcorn	1	un	k	Lorr	ane Alco	rn	
] ¬		R IN U.S. ARMED FORCES?	16. SO			Lorrane Al		- '	
((Yes, no or unknown) (I	f yes, give war or dates of	service)	none		_	,	, K. C. Mo	
1 -	T-20 1	IA LA T		none	I AW UCCLITI	HE OFFICKE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Caseous pneumonia (Tuberculous), left.									TW.
l	I 18. CAUSE OF DEAT	H (Enter only one cause per	line for (a), (b),			mire.). 76f+	. .	INTERVAL BE ONSET AND	TW DE
	I 18. CAUSE OF DEAT	H (Enter only one cause per	line for (a), (b),			ous), left	•	ONSET AND	TW DE,
	I 18. CAUSE OF DEAT	H (Enter only one cause per L. DEATH WAS CAUSED BY	Caseou	s pneumonia	(Tuberculo			ONSET AND	DEA
	18. CAUSE OF DEAT	M (Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IONs, if any, } DUE TO (b)	Caseou Fibroc		(Tuberculo		•	ONSET AND	DEA
	18. CAUSE OF DEAT I	M (Enter only one cause per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IONS, if any, gave rise to cause (a),	Caseou Fibroc	s pneumonia	(Tuberculo		·•	ONSET AND	TW DE,
	18. CAUSE OF DEAT I	M (Enter only one cause per 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ions, if any, gave rise to	Caseou Fibroc	s pneumonia	(Tuberculo		·•	INTERVAL BE	TW DE,
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TION	Condition of the state of the s	M (Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IONS, if any, gave rise to Cause (a), the under- cause last. DUE TO (c)	Caseou Fibroc c) ONDITIONS CON	s pneumonia aseous tube	(Tuberculorculorculosis of	f lungs	PART III. If di	ONSET AND	DE/
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

, Student Embalmer No._

working unde	my personal supervision.	
Student		Signed Louis Quest
	Signature of Student Embalmer	
		Licensed Embalmer No.
		P. O. Address / 15 . 5 . 7
Note:	The above MUST BE SIGNED BY THE LICENSE	D EMBALMER in his OWN HANDWRITING. (Failure to

with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

or by.

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