i I	_	1. PLACE OF DEATH a. COUNTY		2. Registrar's No. 130 STATE FIVE NUMBER 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Second State of the st								
			Ray proporate limits, give TOWN	Missouri Ray								
		O₽ .	mond Township	c. CITY OR TOWN Richmond			Yes No K					
	1-		NOT in hospital, give loca	1 month	d. STREET (If outside, give location)			Peside on Farm				
		HOSPITAL OR	y County Memo:	· ·		ADDRESS 2 1	miles south	of Richm	ond Yes 28 No 🗆			
\dashv		3. NAME OF DECEASED (Type or print)			Niddle	Last	4. DATE	Month D	ay Year			
	I _		WILLIAM	GRA	NVILLE	WHITE	DEATH Octob					
	'	s. sex Male	6. COLOR OR RACE White	7. Married Widowed		8. DATE OF BIRTH	1		YEAR IF UNDER 24 HR			
	10	0a. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF B	USINESS OR INDUSTR		City and state or countr	y) 12. CITIZEN	OF WHAT COUNTRY			
	1	during most of worki	ing life, even if retired)	Farmin	ng	Ray Coun	ty, Missouri	i v.s	.A.			
	13	30. FATHER'S NAME			THER'S MAIDEN NAM	AE	14. NAME C	F HUSBAND OR				
1		George M.	White	Mol	lie A. Smi		Never	married				
			R IN U.S. ARMED FORCES? I yes, give war or dates of		CIAL SECURITY NO.	17. INFORMANT		Address				
Ì		No		1497-	<u>40-0368</u>	Paul Whit	e, Richmond	, Mo.				
į		18. CAUSE OF DEATH (Enter only one cause per line for (3) (b), and (c). PART I DEATH WAS CAUSED BY.										
DOCI IMEN.		IMMEDIATE CAUSE (a) Crebral Waseular accept me										
اتا	' I					acces 1	curen		mo			
١č					VIII. VIII	accor 0	caron	·	1 mo			
		Conditi	ons, if any, \ DUE TO (THE HA	acces of	cerent		mo			
Č		which of above	gave rise to cause (a), }				<u> </u>					
		which c above stating	ave rise to	b)			<u> </u>		ima i			
- O		which g above stating lying	gave rise to cause (a), the under-	(c)				RT III. If deceas	ed was female was			
- OG	CATION	which g above stating lying	cause (a), the under- cause last. DUE TO ((c)				RT III. If deceas there a pr ;pr2□ Yes	ed was female was agnancy in last 90 days.			
	ICATION	which gas above stating lying PART I	pave rise to cause (a), the under-cause last. DUE TO (disease condition given 20a. ACCIDENT SUICID	(c)	TRIBUTING TO DEA	TH but not related to		there a pro	gnancy in last 90 days. No			
- Ca	CERTIFICATION	which shove stating lying PART I	cause (a), the under- cause lest. DUE TO (i. OTHER SIGNIFICANT C disease condition given	(c)CONDITIONS CON in PART I (a)	TRIBUTING TO DEA	TH but not related to	the terminal PAI	there a pro	gnancy in last 90 days. No			
OG	CERTIFICATION	# which control of the control of t	pave rise to cause (a), the undercause lest. DUE TO (I. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID	(c)	TRIBUTING TO DEA	TH but not related to	the terminal PAI	there a pr	gnancy in last 90 days. No			
Od	CERTIFICATION	PART I 19. WAS AUTOPSY PERFORMED? YES NO 18	pave rise to couse (a), the undercause last. DUE TO (I. OTHER SIGNIFICANT O disease condition given 20a. ACCIDENT SUICID	(c)	TRIBUTING TO DEA	TH but not related to	the terminal PAI	there a pr	gnancy in last 90 days. No			
OG	ICATION	19. WAS AUTOPSY PERFORMED? YES NO TO INJURY OF HOU INJURY OCCURR	pave rise to cause (a), the under-cause lest. DUE TO (I. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID T Month, Day, Year	(c)	20b. DESCRIBE HC	TH but not related to	the terminal PAI	there a pr	gnancy in last 90 days. No			
Od	CERTIFICATION	PART I 19. WAS AUTOPSY PERFORMED? YES NO II 20c. TIME OF Hou INJURY a.m. p.m.	pave rise to cause (a), the under-cause lest. DUE TO (I. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID T Month, Day, Year	(c)	20b. DESCRIBE HC	TH but not related to	the terminal PAI	there a pr y ⊅□ Yes r in PART I or PA	egnancy in last 90 deys. No Unknown RT II of item 18.)			
OG	CERTIFICATION	which above stating lying of the part of	pave rise to cause (a), the undercause (a), the undercause last. DUE TO (disease condition given disease condition given disea	(c)	20b. DESCRIBE HC	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal PAI	there a print or PA	egnancy in last 90 deys. No Unknown RT II of item 18.)			
CG	CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO TO INJURY OF HOU INJURY OCCURR	pave rise to couse (a), the undercause (a), the undercause last. DUE TO (disease condition given 20a. ACCIDENT SUICID AVERCAGE (C) WORK (C) 20a. PLACE farm, secessed from	(c)	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal PAI	there a print or PA	Begnancy in last 90 days. No Unknown RT II of item 18.) STATE			
	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO TO INJURY A.m. p.m. 20d. INJURY OCCURRE WHILE AT WORN NOT WHILE AT	pave rise to couse (a), the under-cause (a), the under-cause last. DUE TO (disease condition given 20e. ACCIDENT SUICID AMONTH, Day, Year AMONTH, Day, Year WORK Deceased from at the course of the co	CONDITIONS CON IN PART I (a) DE HOMICIDE E OF INJURY (e.g., factory, street, off	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal PAI . (Enter nature of injury LOCATION i last saw him alive on	there a print or PA	Regnancy in last 90 days. No Unknown RT II of item 18.) STATE STATE			
JC .	MEDICAL CERTIFICATION	PART I 19. WAS AUTOPSY PERFORMED? YES NO DE 20. TIME OF HOU INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT	pave rise to couse (a), the under-cause (a), the under-cause last. DUE TO (disease condition given 20e. ACCIDENT SUICID AMONTH, Day, Year AMONTH, Day, Year WORK Deceased from at the course of the co	CONDITIONS CON IN PART I (a) DE HOMICIDE OF INJURY (e.g., factory, street, off	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal PAI . (Enter nature of injury LOCATION i last saw him alive on	there a print or PA	RT II of item 18.) STATE Causes steed.			
JC .	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO IB 20c. TIME OF HOU INJURY OCCURE WHILE AT WORN NOT WHILE AT TO THE AUTOPSY WHILE AT WORN NOT WHILE AT 21. I attended the departs occurred to the peath occurred to	zeve rise to cause (a), the under-cause (a), the under-cause lest. DUE TO (disease condition given 20a. ACCIDENT SUICID TO Month, Day, Year WORK 20a. PLACE farm, the ceased from 10a.	CONDITIONS	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR the date stated above, a	the terminal PAI . (Enter nature of injury LOCATION i last saw him alive on	COUNTY COUNTY County	Regnancy in last 90 days. No Unknown RT II of item 18.) STATE STATE			
JC .	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO IB 20c. TIME OF HOU INJURY OCCURR WHILE AT WORN NOT WHILE AT WORN NOT WHILE AT 21. I attended the dependence of the control of the contr	Accident Suiciber (Decomposed from State of Stat	CONDITIONS CON in PART I (a) DE HOMICIDE FOR INJURY (e.g., factory, street, off 8:(gree or title) 23c. NAME	20b. DESCRIBE HO 20b. DESCRIBE HO in or about home, lice bldg., etc.) 10 A m on the state of	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR and the date stated above, a 22b ADDRESS	the terminal PAI (Enter nature of injury LOCATION I last saw her alive on and to the best of my k	COUNTY COUNTY County County County County County County	STATE 22c. DATE SIGNED 1/0 -28 - 6-6			
JO.	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO IB 20c. TIME OF HOU INJURY OCCURE WHILE AT WORN NOT WHILE AT TO THE AUTOPSY WHILE AT WORN NOT WHILE AT 21. I attended the departs occurred to the peath occurred to	pave rise to cause (a), the undercause (a), the undercause last. DUE TO (disease condition given 20a. ACCIDENT SUICID TO (DISEASE CONDITION OF THE CONTINUE	CONDITIONS CON in PART I (a) DE HOMICIDE FOR INJURY (e.g., factory, street, off 8:(gree or title) 23c. NAME	20b. DESCRIBE HO 20b. DESCRIBE HO in or about home, ice bidg., etc.) 10 a. m on the condition of the cond	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR and the date stated above, a 22b ADDRESS	the terminal PAI (Enter nature of injury LOCATION d last saw her alive on and to the best of my k 3d. LOCATION (City of Richmond,	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE 22c. DATE SIGNED 1/0 -28 - 6-6			
	MEDICAL CERTIFICATION	which above stating lying of the part of	pave rise to cause (a), the undercause (a), the undercause last. DUE TO (disease condition given 20a. ACCIDENT SUICID TO (DISEASE CONDITION OF THE CONTINUE	CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., factory, street, off gree or title) 23c. NAME DRESS	20b. DESCRIBE HO 20b. DESCRIBE HO in or about home, lice bldg., etc.) OF CEMETERY OR CR ON Memory 25. DA	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR The date stated above, a 22b ADDRESS EMATORY 2 Gardens	the terminal PAI (Enter nature of injury LOCATION I last saw her alive on ind to the best of my k Richmond,	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE 22c. DATE SIGNED 1/0 -28 - 6-6			

STATEMENT BY LICENSED EMBALMER

	by certify that the body whose h	ame is rec	corded on the	reverse side of this certificate was embalmed b
20X22X		 -		, Student Embalmer No
working unde	r my personal supervision.			
Student			Signed	Levas Thurman
	Signature of Student Embalmer		0.9.,00	
40 J				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 conwith 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.