	■ ⁵	Registration District No	296	_Primary Registration	on Distri	ct No	144 Registrar's No	<i>ا</i> کتــــ		TATE FILE	NUMBER		
	 		El	LED VS DE C	} 1 9	1960	·····						
1	1	1. PLACE OF DEATH a. COUNTY					a. STATEMissouri b. COUNTY hay edmission)						
	-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1					c. CITY				Inside	Limits	
		OR TOWN Comden Township 4 Yrs.					TOWN				Yes 🗀	иХ□	
	l –	c. FULL NAME OF (If NOT in hospital, give locat		location)			d. STREET	(If	(If outside, give location)		Reside	Reside on Farm	
	l _	HOSPITAL OR INSTITUTION At	brothers 1	home		Yes □ NoyE	ADDRESS				Yes 🗆	No □	
Ì	-	3. NAME OF DECEASED (Type or, print)	First	·	Middle	<u> </u>	Last	4. DATE OF	Month	Day	,	Year	
	l		Josie	Geor			llum	DEATH	Dec.	11	1960		
ļ	•	5. SEX	6. COLOR OR RAC	CE 7. Married Widowed		ever Married 🗗 Divorced 🗋	8. DATE OF BIRTH	9. AGE (last b	irthday) IF U			DER 24 HI	
į l		Female	White	1			2-5-1876	1 84				1	
•	10	On. USUAL OCCUPATION during most of working			F BUSIN	ESS OR INDUSTR	17. BIRTHPLACE	(City and state or	country) 12.	CITIZEN C	OF WHAT CO	DUNTRY	
	l						Clay Cer	nter, Kana	sas U	S.A.			
		3a. FATHER'S NAME		l		C'S MAIDEN NAM			AME OF HUSBA	AND OR WI	irt		
i		mdrew Jellum			ren	Stixro			fione				
	12	5. WAS DECEASED EVER Yes, no, or unknown) (If	IN U.S. ARMED FOR yes, give war or date	RCES? 16.			17. INFORMANT	T 22	Addre		.		
	<u> </u>				None		Martin Do	n Jellum	Orric	k, Mis		CTAILE FA	
Ņ		18. CAUSE OF BEATH	DEATH WAS CAUSE	e per line for (a), (b D BY:	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: ONSET AND DEAT								
155	ŧ	IMMEDIATE CAUSE (a) Cente Mysearcheter										, pruii	
ا≥ا	l		IMMEDIATE CAU	J\$E (a)	Cer	ute h	ryscars	leti				, DEATH	
CON			IMMEDIATE CAU	J\$E (a)	<u>Ce.</u>	ute h	nyscar	liti					
DOCUMENT		Conditio	ns, if any,) DUE	TO (b)	Ce. Ne	uti h	Peroris	litii -		1			
DOCUM		which ga above	ns, if any, DUE save rise to cause (a),		Ces Le	uti h wose	Perori	litii -					
DOCUN		which go above of stating t	ns, if any, DUE see rise to cause (a), the under-		Ces Le	uti h	Berni	litis					
DOCUN	NOI	which go above of stating t tying co	ns, if any, pure rise to cause (a), the under-suse last. DUE	TO (b)			Beronis TH but not related to		PART III. II	deceased		male wa	
DOCUN	CATION	which go above of stating t tying co	ns, if any, pue rise to cause (a), the under-buse last. Due	TO (b)					ti ti	deceased	d was fei inancy in las	mele wa	
DOCUN	TIFICATION	which go above stating t tying co PART 81.	ns, if any, payer rise to cause (a), the under-buse last. DUE OTHER SIGNIFICA disease condition g	TO (b)	ONTRIB	UTING TO DEAT		o the terminal	, ,	deceased here a preg	d was fer inency in las	mele wa st 90 days	
DOCUN		which go above control of the stating of the statin	ns, if any, payer rise to cause (a), the under-buse last. DUE OTHER SIGNIFICA disease condition g	TO (b) TO (c) NT CONDITIONS Conver in PART I (a)	ONTRIB	UTING TO DEAT	IH but not related t	o the terminal	, ,	deceased here a preg	d was fer inency in las	mele wast 90 day:	
DOCUM	CERTIFI	which grapes above control of the stating of the st	ns, if any, power rise to cause (a), the under-suse (ast.) OTHER SIGNIFICA disease condition g	TO (b)	ONTRIB	UTING TO DEAT	IH but not related t	o the terminal	, ,	deceased here a preg	d was fer inency in las	mele wast 90 day:	
DOCUN	CERTIFI	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF Hour INJURY a.m.	ns, if any, pure rise to cause (a), the undersuse last. DUE OTHER SIGNIFICA disease condition g	TO (b)	ONTRIB	UTING TO DEAT	IH but not related t	o the terminal	, ,	deceased here a preg	d was fer inency in las	mele wa st 90 days	
DOCUN	ᄑ	which gy above control of the contr	ons, if any, payer rise to cause (a), the under-buse last. DUE OTHER SIGNIFICA disease condition g Month, Day, Yea	TO (b) TO (c) NT CONDITIONS Convening PART I (a) UICIDE HOMICIDE	ONTRIB	UTING TO DEAT	IH but not related t	o the terminal D. (Enter nature of	injury in PAR	deceased here a preg	d was feinency in la: No I) of item	mele wa st 90 days	
DOCUN	CERTIFI	which gy above control of the contr	ons, if any, payer rise to cause (a), the under-buse last. DUE OTHER SIGNIFICA disease condition g Month, Day, Yea	TO (b) TO (c) ITO (c) INT CONDITIONS Conjugation in PART I (a) UICIDE HOMICIDE	ONTRIB	UTING TO DEAT	IH but not related to	o the terminal D. (Enter nature of	injury in PAR	deceased here a preg	d was feinency in la: No I) of item	mele wast 90 days Unknow 18.)	
DOCUN	CERTIFI	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour INJURY 6.m. p.m.	ons, if any, payer rise to cause (a), the under-buse last. DUE OTHER SIGNIFICA disease condition g Month, Day, Yea	TO (b) TO (c) NT CONDITIONS Convening PART I (a) UICIDE HOMICIDE PLACE OF INJURY (convening factory, street,	ONTRIB	UTING TO DEAT	IM but not related to	o the terminel D. (Enter nature of	injury in PAR	deceased here a preg	was feinency in las	male was 190 day. Unknow	
DOCUM	CERTIFI	which gy above control of the contr	DUE over rise to cause (a), the under-suse last. OTHER SIGNIFICA disease condition g Month, Day, Yea	TO (b) TO (c) NT CONDITIONS Convening PART I (a) UICIDE HOMICIDE	ONTRIB	UTING TO DEAT Ob. DESCRIBE HO If about home, ldg., etc.)	IH but not related to the injury occurred to	D. (Enter nature of R LOCATION	injury in PAR	deceased here a preg	d was feinancy in la: No 1) of item	mele with 90 days 190 days 18.)	
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OF DOCUM	CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO 11. 20c. TIME OF Hour INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WE AT THE PERFORMENT OF THE PERFORMENT	DUE pre rise to cause (a), the under-puse last. DUE OTHER SIGNIFICA disease condition g Month, Day, Yea OURK 20e. P	TO (b) TO (c) NT CONDITIONS Convers in PART I (a) UICIDE HOMICIDE PLACE OF INJURY (c) arm, factory, street,	ONTRIB	ob. DESCRIBE HO	OW INJURY OCCURRED 201. CITY, TOWN, O	D. (Enter nature of R LOCATION and last saw her plant and to the best of	injury in PAR	deceased here a preg	was feinancy in las No I) of item causes stat	Te SIGNE	
OF	CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO DE INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WOE Death occurred at	DUE pre rise to cause (a), the under-puse last. DUE OTHER SIGNIFICA disease condition g Month, Day, Yea OURK 20e. P	TO (b) TO (c) NT CONDITIONS Convening PART I (a) UICIDE HOMICIDE PLACE OF INJURY (convening factory, street, stree	ONTRIB	ob. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, O 11-60 are date stated above, 22b. ADDRESS	D. (Enter nature of R LOCATION and last saw her all and to the best of the bes	injury in PAR	deceased here a preg	was feinancy in las	male was 90 days Unknow 18.) STATE ed.	
OF	MEDICAL CERTIF	which grapes which grapes which grapes with the stating of the st	ms, if any, payer rise to cause (a), the undersuse lest. DUE OTHER SIGNIFICA disease condition g Month, Day, Yea DO THER SIGNIFICA disease condition g Month, Day, Yea DO THER SIGNIFICA disease condition g	TO (b) TO (c) NT CONDITIONS Converted in PART I (a) UICIDE HOMICIDE LACE OF INJURY (barm, factory, street,	ONTRIB	UTING TO DEAT Db. DESCRIBE HO or about home, ldg., etc.) , to	TH but not related to the state of the date stated above, 22b. ADDRESS	D. (Enter nature of R LOCATION and last saw her plant and to the best of	injury in PAR	deceased here a preg	was feinancy in las No I) of item causes stat	STATE ed. TE SIGNE L - 6 C	
OF	MEDICAL CERTIF	19. WAS AUTOPSY PERFORMED? YES NO 11 NJURY OCCURRE WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK N	DUE provided to the provided t	TO (b) TO (c) NT CONDITIONS Converted in PART I (a) UICIDE HOMICIDE LACE OF INJURY (barm, factory, street,	ONTRIB	ob. DESCRIBE HO or about home, idg., etc.) to 12 m on the content of the conte	IM but not related to the windless of the date stated above, 22b. ADDRESS CMATORY	D. (Enter nature of R LOCATION and last saw her stand to the best of R LOCATION (Control of the control of the	till Co	deceased here a preg	J was feinancy in last last last last last last last last	STATE ed. TE SIGNE L - 6 6	
	MEDICAL CERTIF	which gabove control and stating for the stat	DUE provided to the provided t	TO (b) TO (c) NT CONDITIONS Converted in PART I (a) UICIDE HOMICIDE LACE OF INJURY (barm, factory, street,	ONTRIB	ob. DESCRIBE HO or about home, idg., etc.) non the content of th	TH but not related to the state of the date stated above, 22b. ADDRESS	D. (Enter nature of R LOCATION and last saw her stand to the best of R LOCATION (Control of the control of the	till Co	deceased here a preg	J was feinancy in last last last last last last last last	STATE ed. TE SIGNE L - 6 6	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body v	whose name is recorded on the reverse side of this certificate was embalmed I
or by	, Student Embalmer No.
working under my personal supervision.	011111
StudentSignature of Student Emba	Signed Marks / y/v
	Licensed Embalmer No. 35

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