D. CITY (II outside corporate limits, write BURAL and give C. LENGTH OF TOWN PURAL IF FROM TOWN PURAL IN GREEN IN U.S. ALLEGE PURAL AND GIVE IN THE ADDRESS (II reads to the control of the decade of the de	i surn issi 1	0.4040	THE DIVISION OF HE		IRI	205	600
1. PLACE OF DEATH a. COUNTY CECAR  b. CITY CI estable companies liable, write BURBL and give TOWN PURAL TEFERSON TOWN PURAL TEFERSON G. CITY (II estable companies busines, write BURBL and give severable) TOWN PURAL TEFERSON G. CITY (II estable companies busines, write BURBL and give severable) TOWN PURAL TEFERSON G. CITY (II reach give severable) TOWN PURAL TEFERSON G. CITY (II reach give severable) TOWN PURAL TEFERSON G. CITY (II reach give severable) TOWN PURAL TEFERSON G. CITY (II reach give severable) TOWN PURAL TEFERSON G. CILRIT G. CITY (II reach give severable) TOWN PURAL TEFERSON G. CILRIT G. STREET G. COUNTY G. CILRIT G. CILRIT G. STREET G. COUNTY G. CILRIT G. STREET G. CILRIT G. STREET G. COUNTY G. CILRIT G	HITH JAN T	U 1949	STANDARD CERTIF	ICATE OF DEA			30_
B. COUNTY CFCAR  b. CITY (II outside compared little, write BUBAL and give surrounds)  TOWN PURAL IFFE (Son STAY (In this place)  TOWN PURAL IFFE (Son STAY (In this place)  INSTITUTION  G. FILL AMBE OF (If set is hospital or lawfundate), tire stream address or locations in INSTITUTION  J. NAME OF (If set is hospital or lawfundate), tire stream address or locations in INSTITUTION  J. NAME OF (If set is hospital or lawfundate), tire stream address or locations in INSTITUTION  J. NAME OF (If set is hospital or lawfundate), tire stream address or locations in INSTITUTION  J. NAME OF (II) (If set is hospital or lawfundate), tire stream address or locations in INSTITUTION  J. NAME OF (II) (II) (II) (III)	BIRTH NO.	<u></u> !	REG. DIST. NO. <u>62</u>	<del> </del>	10. 5 2 38 Reg	istrar's No	
OR PURAL OF CIT cos in heaptical or Institution, give stress address or location  OF PURAL NAME OF CIT cos in heaptical or Institution, give stress address or location  OF PURAL OF CITY cos in heaptical or Institution, give stress address or location  OF PURAL OF CITY cos in heaptical or Institution, give stress address or location  OF PURAL OF CITY cos in heaptical or Institution, give stress address or location  OF PURAL OF CITY or OF CITY				N	b. C0	OUNTY /	lence before admission).
d. FILL NAME OF (If one is bacetal or backtesine, give stream address or location)    ADDRESS   A. (First)   B. (Middle)   C. (LASI)   A. DATE   (Month) (Day) (Year)	OR -	PALTEE		∥ OR •—	ALCE F	7 - TO 0 - N	3
S. SEX 6. COLOR OR RACE 1. NAMERIED NEVER MARRIED. 8. DATE OF BIRTH 2. A. D. S. A. D. S. D	HOSPITAL OR	if not in hospital or insti		d. STREET ADDRESS	(If rural, give location)		0
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVER 10 MONTED SHOULD		A		0 .	OF		
CA. USUAL COCUPATION (CINe bind of two)  The consideration most overhisting lives made to remain of working lives made to working lives made to working lives made to working lives made to working lives made of working lives made to working lives made of working work		* ' ' ' <i>' ' ' ' '</i> ' ' ' ' ' ' ' ' ' ' '	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In y	Months Days Hou	
38. FATHER'S NAME    JOHN   S. MANDELL   13b. MOTHER'S MAIDEN NAME   14. NAME OF MUSBARD OR BIFE     JOHN   S. WAS DECEASED EVER IN U. S. ARMED FORCEST     S. WAS DECEASED EVER IN U. S. ARMED FORCEST     W. W. S. WAS DECEASED EVER IN U. S. ARMED FORCEST     W. W. S. WAS DECEASED EVER IN U. S. ARMED FORCEST     W.	done during most of workin	g life, even if retired)	DE KIND OF BUSINESS OR IN-	1(') _ i _ r	or foreign country)	99 12 CITIZEI COUNTR	OF WHAT
S. WAS DÉCEASED EUER IN U.S. ARMED FORCES; 16. SOCIAL SECURITY NO.  **PART ON ON UNIDOWN) (If yes, eitre war or dates of service)  8. CAUSE OF DEATH INSTITUTE OF CONTINUAL CERTIFICATION  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  **This does not mean the disease of the mode of spiring, such is beart failure, authenia, see, injury, or complications which consed death.  8. LI means the disease, flying, or complications which consed death.  9. DATE OF OPERATION  9. DATE OF OPERATION  11. OTHER SIGNIFICANT CONDITIONS  O 500  Ornditions contributing to the death boat not related to the disease or condition constributing death.  9. DATE OF OPERATION  12. AUTOPSYT  YES 0 100  WHILE AT 0	3a. FATHER'S NAME	AMPLE!	13b. MOTHER'S MAIDEN	NAME C:		NO OR WIFE	
III. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  *This does not mean the mode of string, nuc.  *This does not mean the mode of string, nuc.  *This does not mean the mode of string, nuc.  *This does not mean the mode of string, nuc.  *Antecedent causes  *Apoild conditions, if any, gisting DUE TO (b)  *This does not mean the mode of string, nuc.  *Apoild conditions, if any, gisting DUE TO (b)  *This to the above cause (a) stating the underlying course last.  *DUE TO (c)  *This does not mean the mode of string, nuc.  *Apoild conditions, if any, gisting DUE TO (b)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to the above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to test obecome the date state above cause (a) stating the underlying cause last.  *DUE TO (c)  *This to test obecome the date.  *This to the above cause in the underlying cause and on the date stated above.  *This to the above cause and on the date stated above.  *This to the above cause and on the date stated above.  *This to the above cause and on the date stated above.  *This to the above cause and on the date stated above.  *This to the above cause and on the date stated above.  *This to the above cau	5. WAS DECEASED EVER				S SIGNATURE OR		RESS
*This does not mean he mode of sying, such he mode of sying, such a heart follure, asthenia, it is to the above cause (a) stating to it. It means the discovered as injury, or complications which caused death.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITION  TION  Se. DATE OF OPERATION  Se. DATE OF OPERATION  DIE TO (c)  13. ACCIDENT (Boselty)  Solicide How in the state of the disease or condition causing death.  14. ACCIDENT (Boselty)  Solicide How in the state of the disease or condition causing death.  15. MAJOR FINDINGS OF OPERATION  TION  TION  16. ACCIDENT (Boselty)  Solicide How in the state of the disease or condition causing death.  17. ACCIDENT (Boselty)  Solicide How in the state of the disease or condition causing death.  18. ACCIDENT (Boselty)  Solicide How in the state of the disease or condition causing death.  18. ACCIDENT (Boselty)  Solicide How in the state of th	8. CAUSE OF DEATH Enter only one osuse per	I. DISEASE OR CON DIRECTLY LEADING		ERTIFICATION	Insufficio	INTERVAL ONSET AN	BETWEEN ID DEATH
DUE TO (c)  DUE TO (c)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or or ordition contributing death.  13a. DATE OF OPERATION  13b. MAJOR FINDINGS OF OPERATION  12la. ACCIDENT (Besetty)  21b. PLACE OF INJURY (e.g., in or about home. larm. feetery, etcere, office Mdg., early HOMICIDE  21d. TIME (Month) (Day) (Twee) (Hour)  21d. NOT WHILE I MONTWHILE I AND WHILE I AND W	*This does not mean	ANTECEDENT CAUS	SES .		טן	<i>J</i>	
11. OTHER SIGNIFICANT CONDITIONS   19a. DATE of OPERA-   19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINDINGS OF OPER	as beart failure, asthenia, etc. It means the dis-	rise to the above cause the underlying cause	sua.	·		•	-
20. AUTOPSY?  VES 100 20  Pla. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  Pla. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about being, sea bottom, farm, factory, street, other bidg, sea of the momentum of the m	ion which caused death.	Conditions contributi	ing to the death but not				
SUICIDE    HOMICIDE   Home, farm, factory, street, other bidg., eac.)	9a. DATE OF OPERA- TION	196. MAJOR FINDIN	IGS OF OPERATION		•		PSYT,
WHILE AT WORK NOW AT WORK AT W	IIa. ACCIDENT SUICIDE HOMICIDE	(Specify) 21th	D. PLACE OF INJURY (e.g., in or about no. farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (	COUNTY) (ST	ATTE)
alive on	Id. TIME (Month) OF INJURY	(Day) (Year) (Ho	WHILEAT   NOT WHILE	21f. HOW DID INJURY	OCCUR?	\$	
23a. SIGNATURE  WM. P. Richter M. D. Stockton M. 12.21.48  24a. BURIAL, CREMA- TION, REMOVAL (Greatly)  BURIAL (Greatly)  12-21-1948  ALGEN  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town), or county)  (State)  CEDAR CO. MO.  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  54 25 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  23c. DATE SIGNEL  12-21-48  ADDRESS  ADDRESS  ADDRESS  23c. DATE SIGNEL  12-21-48  ADDRESS				<del>,, ·</del>	•		deceased
TION REMOVAL (Boundary)  12-21-1948 ALLEN  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  12.31-48  PERSON DEPLOYAL REGISTRAR'S SIGNATURE  12.31-48  LINEA JAMES DEPLOYAL REGISTRAR'S SIGNATURE  12.31-48  LINEA JAMES DEPLOYAL REGISTRAR'S SIGNATURE  ADDRESS  12.31-48	23a. SIGNATURE	ν <sub>2</sub> .Ω ·	(Degree or title)		tan mo.	Z3c. DAT	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 54 & FUNERAL DIRECTOR'S SIGNATURE ADDRESS  12.31-48 Leneva Jameson o John C. Cantlon, Stockton, Ma	24a. BURIAL, CREMA- TION, REMOVAL (Speedby)	24b, DATE 12-21-1		Y OR CREMATORY			
	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG		John a.			MA
	1		(Licensed Embalmer's	Statement on Reverse Sid	e)		116

RECEIVED

District File No. 12-48-155/

Date Filed 1-7-49

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded or	n the reverse side of this certificate was embalmed by me, or by	
James J. Hen	tice Student Embalmer No. 257	
working under my personal supervision.	Signed John a. Cantlon	-,
SignedStudent Embalmer	Licensed Embalmer No. 4387  P. O. Address Stockton	 

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

the above constitutes grounds for revocation of license.)

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