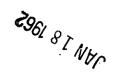
	_ D.	egistration District No	20/	mary Registration	District Mo	Panistras's No.	263		-045708
D	i —	PLACE OF DEATH JA		mary kegisiration	District No.				
1	'	a. COUNTY	NODAWAY			M	•	NODAWAY	ution: Residence befor admission)
	l	OR	orporate limits, give TOWN MARYVILLE, M		Length of stay in 1b INSTANT	c. CITY OR TOWN (11)	ILFORD		Inside Limits Yes 🔀 No
	_		NOT in hospital give localing hway 71, 3			d. STREET ADDRESS		utside, give location	
	1 _		of Maryville,			ADDRESS E	E. part of	f town	Yes No K
	3	(Type or print)	VIVIAN	LOUISE	JONES	RACE	4. DATE OF DEATH DEC		Day Year 26, 1961
	ł	FEMALE	6. COLOR OR RACE CAU	7. Married [2] Widowed [Divorced 🗀	8. DATE OF BIRTH	1	Months	Days Hours M
	I	during most of working Housewill	N (Give kind of work doneing life, even if retired)	See 10a	BUSINESS OR INDUSTRY B OTHER'S MAIDEN NAME	BOLCOW, M	ISSOURI	USA	
	13	a. FATHER'S NAME	PP TONPS	ľ	ILMA B. TORE		ĺ	ME OF RUSBAND OF	_
	15	ARTHUR L. . WAS DECEASED EVER	R IN U.S. ARMED FORCES?	? 16, 50	CIAL SECURITY NO.		<u> </u>	Address	
1			f yes, give war or dates of		-42-6979	MR LEE JON	es gu	LFORD, MIS	SOURI
N.			IMMEDIATE CAUSE (a		Brain	Racerel	ion		ONSET AND DE
DOCUMENT		which g above stating lying c	ons, if any, pave rise to cause (a), the under-cause last. DUE TO ((c)	Prain s Low on	harril head he acc	ident	,	ONSET AND DEA
DOCUM	CATION	which g above stating lying c	ons, if any, pave rise to cause (a), the under-	(b)(b)(c)	Prain s Low on	Resolution of related to	ident the terminal	PART III. If dece there a	ONSET AND DEA
pocnw	l certification	which g above stating lying c	ons, if any, pave rise to cause (a), the under-cause last. DUE TO ((b)	Cow on Towns	Reserved Reserved Le acc H but not related to W INJURY OCCURRED Table at	: (Enter nature of	there a	ONSET AND DEA
DOCUM	MEDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO DE INJURY a.m.	ons, if any, pave rise to cause (a), the underscause last. DUE TO (disease condition given Month, Day, Year 12 -24-41	(c)CONDITIONS CON in PART I (a)	Low on ATTRIBUTING TO DESCRIBE HOW	W INJURY OCCURRED	Enter nature of	injury in PART 1 or P	ONSET AND DEA
DOCUM	₹	which g above stating lying c PART II	ons, if any, pave rise to cause (a), the undertause last. DUE TO (disease condition given 20a. ACCIDENT SUICIDEM (A) Month, Day, Year (12 - 26) ED (20e. PLACE farm,	(c)CONDITIONS CON in PART I (a)	Prain Low on Tornel NTRIBUTING TO DEATH 20b. DESCRIBE HOW Auton , in or about home, [2]	W INJURY OCCURRED LE L 201. CITY, TOWN, OR Wary will	R LOCATION	county	ONSET AND DEA
DOCUM	₹	PART II 19. WAS AUTOPSY PERFORMED? YES NO CT 20c. TIME OF HoulinJury 2.30	ons, if any, pave rise to cause (a), the underteause last. DUE TO (DUE TO	(b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Prain Low on Tomas ATRIBUTING TO DEATH 20b. DESCRIBE HOW Autom in or about home, fice bldg., etc.)	W INJURY OCCURRED LE L 201. CITY, TOWN, OR Wary will	ELOCATION Last saw her alive	county	ONSET AND DEA
OF DC	MEDICAL	which go above stating lying control of the part of th	ons, if any, pave rise to cause (a), the undertause last. DUE TO (disease condition given 20a. ACCIDENT SUICIDED (DEED CONT) Month, Day, Year 12 - 24 - 41 EED 20e. PLACE farm, WORK ST 5 Miles eccased from 12 - 24 - 41 ECCASE CONT SUICIDED (DEED CONT) CONTROL OF THE	(c) CONDITIONS CON IN PART I (a) E OF INJURY (e.g. factory, street, off Mar74 on gree or fitte)	Cour on the Course of the Cour	w INJURY OCCURRED 20f. CITY, TOWN, OR Wary UI and e date stated above, a 22b and ess	R LOCATION d last saw her him alivand to the best of	COUNTY Location COUNTY Loca	ONSET AND DEA
) DO	WEDICAL 23	19. WAS AUTOPSY PERFORMED? YES ON OUT WHILE AT WORK NOT WHILE WHILE WORK NOT WHILE WHILE WORK NOT WHIL	IMMEDIATE CAUSE (a ons, if any, pave rise to cause (a), the under- the under- cause last. DUE TO (in OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICID Month, Day, Year 12 -24 -41 EED 20e. PLACE farm, WORK FX 5 - Miles eccased from at	(c)	Cocs on Cometery or Creet	w INJURY OCCURRED 20f. CITY, TOWN, OR Mary uil and and date stated above, a 22b appress MATORY	C (Enter nature of Ruck) R LOCATION I location I location I location I location Guilford	county	ONSET AND DEA



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	corded on the reverse side of this certificate was embalmed by m
or by	, Student Embalmer No
working under my personal supervision.	y moth
Student	Signed Leorge M. Clehus
Signature of Student Embalmer	

P. O. Address Marcy 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of licenso). 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.