b. CITY (If eacids corporate limits, write RURAL per give of the City of the company of the Corporate limits, write RURAL and give township? OR OR OR OR OR OR OR OR OR O	files 400	00.4840		I OF HEALTH				<i>y</i> •
PLACE OF DEATH	FILEU APR	23 1949	STANDARD	CERTIFICA	TE OF DEA	ATH	State File Na.	<u> 1866 </u>
a. COUNTY b. CITY (If outside corporate limits, write RURAL and drive township) TOWN d. FUCL PROPERTY d. FUC	BIRTH NO		REG. DIST. NO.	15 PRIMA	RY REG. DIST.	m.3015	Registror's No.	· Z O
D. CITY (If coulded corporate limits, write RURAL and eleven to CREATED OF CR		TH GLIN	TOW	11			b. COUNTY	ad miss
d. FILL NAME OF It aon is beoptial of leading to the property of leading to the leading to the property of leading to the propert	OR	porate limits, write R	township) STAY	(in this place)	OR _		URAL and give town	aship)2.5
The or Print A TAUR	HOSPITAL OR	If not in hospital or in		or location) d. 5	TREET DDRESS	(If rural, give loca	tion)	6
5. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (as years) 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.			1.1	9	c. (Last)	/	r	(Day) (Year)
10. ISIAL OCCUPATION (citre bind of work) (alog during to or working life, well a returned) 11. BIRTHPLACE (State or foreign country) 12. CITIZENOFY 13. ANTHER'S NAME 13. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY 17. INFORMANT'S SIGNAPURE OR NAME 17. INFORMANT'S SIGNAPURE OR NAME 18. CAUSE OF DEATH ANTECEDENT CAUSES 19. MEDICAL CERTIFICATION 11. DISEASE OR CONDITION 11. DISEASE OR CONDITION 12. CITIZENOFY 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. SOCIAL SECURITY 17. INFORMANT'S SIGNAPURE OR NAME 18. CAUSE OF DEATH ANTECEDENT CAUSES MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. DISEASE OR CONDITION 11. DISEASE OR CONDITION 11. DISEASE OR CONDITION 12. Internal the disease or conditions, if any, cisting DUE TO (b) 13. MOTHER SIGNIFICANT CONDITIONS 14. Internal the disease or condition counting death. 15. DUE TO (c) 16. SOCIAL SECURITY 17. INFORMANT'S SIGNAPURE 18. ANTECEDENT CAUSES MOTHER COUNTY 19. MAIOR FINDINGS OF OPERATION 19. MAIOR FINDINGS OF OPERATION 19. MAIOR FINDINGS OF OPERATION 10. OTHER SIGNIFICANT CONDITIONS 20. AUTOPSY! 21. LOCAL CERTIFICATION 21. Internal the disease or condition counting death. 22. AUTOPSY! 23. AUTOPSY! 24. LOCATION (CITY, TOWN, OR TOWNSHIP) 24. LOCALOR (COUNTY) 25. SIGNATURE 26. NAME OF CEMENTORY 27. FOREMATORY 28. DATE SIGNATURE 28. DATE SIGNATURE 29. DATE SIGNATURE		COLOR OR RACE	7. MARRIED, NEVER N WIDOWED, DIVORCE	ARRIED, DA	TE OF BIRTH	9. AGE	(In years IF UNDER	1 YEAR IF HIMER 12 Days Hours M
38. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	done during most of working	N (Give kind of work g life, even if retired)	10b. KIND OF BUSINE	SS OR IN- 11. BI	IRTHPLACE (State	or foreign country)	,	12. CITIZEN OF WI
S. WAS DECEASED EVENIN U.S. ARMED FORCES? IS, SOCIAL SECURITY TAWNOR OF THE PROPERTY OF THE PR		TA DOIS			OPLER	1	1.00	SORA IS OF
B. CAUSE OF DEATH Enter only one cause per Inter only one on the continuous per cause of dying, such as mode of dying, such as mode of dying, such as heart fallure, asthenia, fite. It means the dis- case, injury, or complica- contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO. 21b. PLACE OF INJURY (e.g., in or about SUICIDE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) 22d. (CITY, TOWN, OR TOWNSHIP) 22d. (COUNTY) 22d. Horeby certify that I attended the deceased from alive on Major (Tear) 22d. (Day) 22d. (D	Yee. no. or unknown) (If	UIN U.S. ARMED E	of service)	SECURITY 17. II	YEORMANT'	S SIGNATURE	OR NAME (ADDRES
This does not mean in mode of dying, such as heart faithure, asthemia, site. It means the distance, influence, asthemia, site. It means the distance influence in compilion which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE SUICIDE HOMICIDE 21d. TIME - (Month) (Day) (Year) (Hour) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME - (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WHILE AT MOT WHILE	18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	MI	EDICAL CERTI	FICATION	Due	mer e	I NTERVAL BETWE
19a. DATE OF OPERA- TION 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSY? YES NO. 21c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Specity) 21d. PLACE OF INJURY (o.g., in or about bome, farm, factory, street, office bidg., etc.) 19c. I horeby certify that I attended the deceased from alive on for about bome, farm, factory at work 22d. Time (Degree or title) 23c. DATE SIGNATURE 24d. DATE 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. TOWNSHIP) 26d. DATE SIGNATURE 27d. NAME OF CEMETERY OR CREMATORY 27d. PLAND CEMETERY 27d. PLAND CEMETERY	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions	, if any, giving DUE TO use (a) stating se last.			· .		~~~
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO. 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, larm, lastory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CUNTY) (COUNTY) (STATE) 21d. TIME (Month) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 22lf. HOW DID INJ		Conditions contrib	uting to the death but not	uh.		1527	K	
SUICIDE HOMICIDE bome, tarm, lastory, street, office bldg., etc.) 21d. TIME -(Month) (Day) (Tear) (Hoùr) 21e. INJURY OCCURRED OF INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from alive on formal occurred at form of the date stated above. 23a. SIGNATURE 23a. SIGNATURE (Degree or title) 25b. ADDESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (SEMI OFFICE) 25b. ADDESS 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (SEMI OFFICE) 25b. ADDESS 24d. BURIAL. CREMA- 16b. DATE 24d. NAME OF CEMETERY OR CREMATORY 25c. FUNERAL DIRECTOR'S SIGNATURE 25d. SIGNATURE 25d. LOCATION (City, town, or county) (SEMI OFFICE) 25c. FUNERAL DIRECTOR'S SIGNATURE 25d. SIGNATURE 25d. LOCATION (City, town, or county) (SEMI OFFICE) 25c. FUNERAL DIRECTOR'S SIGNATURE 25d. SURFIAL. CREMA- 16b. DATE 25d. SIGNATURE 25d. SIGNATURE 25d. LOCATION (City, town, or county) (SEMI OFFICE) 25c. FUNERAL DIRECTOR'S SIGNATURE 25d. SURFIAL CREMA- 16b. DATE 25d. SIGNATURE					,	X.	,	
22. I hereby certify that I attended the deceased from alive on A 19 4, and that death occurred at 19 4, from the causes and on the date stated above. 23a. SIGNATURE 22a. BURIAL. CREMA- 24b. DATE TION REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE WHILE AT NOT WHO AT NOT WHOLE AT NOT WHO AT NOT	SUICIDE				CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from alive on fig. 19 4, fast I last saw the decent alive on fig. 19	OF	(Day) (Year) (WHILE AT NO	T WHILE []	YAULNI DID WOI	OCCUR?	·	
24a. BURIAL, CREMA- TION-REMOVAL (Speedty) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Degree or title) 24b. ADURESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State 14 - 10 - 49 DELAND CEMETERY 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS			he deceased from	curred at 20	O Con from	Pol 19 he causes and o	, ,	
TION REMOVAL (Specify) H-10-49 DELAND CEMETERY N. 4 CAMERON. MO. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3 40 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Zilli			~ //>/ -	new	1. Mc	23c. DATE SIGN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	TION REMOVAL (Specify)		1/10			24d. LOCATION (MERON	· MO.
1-10-11 Winning W. Master Delivers CAUNK CAMBROWS					UNERAL DIREC	CRUNI	-	BRONS

DISTRICT HEALTH OFFICE Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse s	side of this c	ertificate v	vas embalm	ed by me, or	by
		Student	Embalmer	Ho	***************************************
working under my personal supervision.	/0	1	1	,	

Signed Jee MANO OSUNK

Licensed Embalmer No. 2533

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.