ASSETTIVE NO.  REG. DIST. NO. 131  PRIMARY GEC. DIST. NO. 132  Registrar's No. 8.  1. PLACE OF DEATH 2. COUNTY  Henry  b. CITY (It conside corporate limits, erits RUBAL and give worship)  OR  Clinton  Clinton  Clinton  G. LENSTH OF Worship TAN (is this proper)  HOSPITAL OR (It not is beoptial or institution, give street address or location)  HOSPITAL OR (It not is beoptial or institution, give street address or location)  N. Main St.  3. NAME OF LINTON  Clinton General Hospital  N. Main St.  S. SEX 2 6. COLOR OR RACE (In years)  N. Main St.  N. Main St.  N. Main St.  N. Main St.  S. SEX 2 6. COLOR OR RACE (In years)  N. Main St.  N. M	FILED APR	R 4 1950	THE DIVISION OF H			84
T. FLACE OF DEATH  a. COUNTY  Henry  b. CITY (of contains components Buildon, works NUBBAL and give to remain the property of the contains of		( <del>4</del> 1990	STANDARD CERTI	FICATE OF DE	ATH Sta	te File No
a. STATE MISSOUTI BOTTOM CLINTON  C. LEMSTH OF OR TOWN CLINTON  C. LEMSTH OF OR TOWN CLINTON  C. LEMSTH OF OR TOWN CLINTON  C. CITY (demands corporate limits, write BURAL and give township)  A STAY the tab 1-10.  C. CITY (demands corporate limits, write BURAL and give township)  A STAY the tab 1-10.  C. CITY (demands corporate limits, write BURAL and give township)  A STAY the tab 1-10.  C. CITY (demands corporate limits, write BURAL and give township)  A STAY the tab 1-10.  C. CITY (demands corporate limits, write BURAL and give township)  A STAY the tab 1-10.  C. CITY (demands corporate limits, write BURAL and give township)  A STAY the tab 1-10.  C. CITY (demands corporate limits, write BURAL and give township)  C. CITY (demands corporate limits, write BURAL and give township)  C. CITY (demands corporate limits, write BURAL and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits, write bural and give township)  C. CITY (demands corporate limits)  C.	DIRTH 90	<u> </u>	REG. DIST. NO. 137	PRIMARY REG. DIST.	-3023 Re	jistrar's No8.
Henry  D. CITY (If centical corporate Brillians, write BUBAL and stree township)  OR Clinton  d. FILL NAME OF (if no is begind or institution, give steast address or boundary)  HOSTITUTION  Clinton General Hospital  3. FIRST (First)  D. Middle)  5. SEX  3. COLOR OR RACE  NEETO  (First)  D. Middle)  D. Middle)  D. Middle)  S. SEX  3. COLOR OR RACE  NEETO  (First)  D. Middle)		TH		N		MATTY .
OR Clinton	Henr			Miss	ouri:	Henry
NAME OF DECEASED   Typingenia   D. (Middle)   C. (Last)   D. (Month)   C. (Day)   DECEASED   Typingenia   D. (Middle)   C. (Last)   D. (Month)   C. (Last)   C.	OR TOWN		township) C. LENSTH O	OR Clin	3.00	and give township)
3. NAME OF DECEASED IPHIN IDITION ID BOUNDATE (Month) DECEAN IDITION I	HOSPITAL OR	_			57	
Death   Deat	3. NAME OF			_ 1		(Month) (Day)
10a. USUAL OCCUPATION (Circe kind of work borned bridge most of working life, were if reddired by the decrease of reddired at a working life, were if reddired by the decrease of reddired by the life working life bosse, farm, factory, urses, differed by the life life bosse, farm, factory, urses, differed by the life life decrease of reddired by the life life bosse, farm, factory, urses, differed by the life life life life bosse, farm, factory, urses, differed by the life life life life life bosse, farm, factory, urses, differed by the life life life life life life life lif		Iphigenia		McDonell	OF DEATH	Mar 29 1
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ADDRESS   Country   Coun	<del> </del>	<del></del>		_		9 25
HOUSEMAID    Housemaid	10a. USUAL OCCUPATIO	)N (Give kind of work ag life, even if retired)	106. KIND OF BUSINESS OR IN DUSTRY	7 1		12. CITIZ
JOHN DAVIS    Hattie Mills   Bob McDonald	<u>Housemaid</u>		<del></del>	<u> </u>		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  INTERCUAL CERTIFICATION  MEDICAL CERTIFICATIO						
NO.   Bob McDonald   Clinton, Missou					<del></del>	
INTER ONLY OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart failure, asthenia, site. It means the dis- case, injury, or complica- tion which caused death.  "Bo. MAJOR FINDINGS OF OPERATION  DUE TO (c)  "II. OTHER SIGNIFICANT CONDITIONS".  Conditions contributing to the death but not related to the discase or condition crusting death.  19a. DATE OF OPERA: SUICIDE HOMICIDE HOMICIDE HOMICIDE  II. OTHER SIGNIFICANT CONDITIONS".  21b. PLACE OF INJURY (a.g., in or about NOME DEATH AT WORK  COUNTY)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  A WHILE AT WORK  AT WORK  21d. How DID INJURY OCCUR?  WHILE AT WORK  AT WORK  AT WORK  COUNTY  21d. How DID INJURY OCCUR?  WHILE AT WORK  AT WORK  AT WORK  COUNTY  21d. How DID INJURY OCCUR?  WHILE AT WORK  AT WORK  COUNTY  22d. BURIAL CREMA  COUNTY  ADDRESS  ADDRESS				.   '''		
Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as hard fallure, asthenia, it is to the above cause (a) stating tie: It means the discussed death.  "This does not mean the mode of dying, such as hard fallure, asthenia, it is to the above cause (a) stating tie: It means the discussed conditions using the underlying cause last:  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS:  Conditions contributing to the death but not related to the discusse or condition counting death.  19a. DATE OF OPERA:  TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE HOMICIDE  11b. PLACE OF INJURY (e.g., to or about of the discussed or condition counting death)  Possible of the discussed or condition counting death.  21d. TIME (Mosath) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK NOT NOT WHILE TO NOT WHI					nard Ciir	
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Section of the discore course of the underlying cause last:   If means the discore course of the underlying cause last:   DUE TO (c)	*This does not mean	l				
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tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS:  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE  12ib. PLACEOF INJURY (e.g., to or about bome, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  21e. INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from OCt.  23l. AT WORK AT WORK  23l. ADDRESS  24l. BURIAL (CREMA- TION, REMOVAL (Booth) BURIAL (CREMA- TION, REMOVAL (Booth) BURIAL (CREMA- TION, REMOVAL (Booth) BURIAL (CREMA- MAR 30 1950 Clinton Colored Cemetery Clinton, Missouri  ADDRESS  25c. D  CLINTON OR TOWNSHIP)  26c. AU  27c. ADDRESS  27c. D  27c. ADDRESS  27c. D  27c. D  27c. D  27c. ADDRESS  27c. D  27c. D  27c. ADDRESS  27c. D  27c. D  27c. D  27c. D  27c. D  27c. ADDRESS  27c. D  27c. D  27c. D  27c. D  27c. ADDRESS  27c. D  27c. D  27c. D  27c. ADDRESS  27c. D  27c. D  27c. D  27c. ADDRESS  27c. D  27c	etc. It means the dis-	the underlying cause		militaria e la espera de la espera dela espera de la espera dela espera de la espera dela espera dela espera dela espera de la espera dela espera dela espera dela espera de la espera dela espera		
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SUICIDE   home, farm, factory, etreet, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from OCL. , 19 49, to Mar 24 19 50, that I last saw the alive on 21e Day 14950, and that death occurred at 3:30 m., from the causes and on the date stated above    23a. SIGNATURE (Degree or title)   23b. ADDRESS   23c. D  24a. BURIAL CREMA-   24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)    TION REMOVAL (Browldy)   Mar 30 1950   Clinton Colored Cemetery   Clinton, Missouri    DATE RECO BY LOCAL   REGISTRAR'S SIGNATURE   427 25. FUMERAL DIRECTOR'S & CHATURE   ADDRESS   ADDRESS   ADDRESS   ADDRESS   24d. ADDRESS   24d. LOCATION (City, town, or county)    DATE RECO BY LOCAL   REGISTRAR'S SIGNATURE   427 25. FUMERAL DIRECTOR'S & CHATURE   ADDRESS   ADDRESS   ADDRESS   ADDRESS   ADDRESS   ADDRESS   24d. LOCATION (City, town, or county)    DATE RECO BY LOCAL   REGISTRAR'S SIGNATURE   427 25. FUMERAL DIRECTOR'S & CHATURE   ADDRESS   ADDRES	TION		•			YES
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Thingh B. Judley MD Clinton, Mo. 30.  24a. BURIAL CREMA: 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)  TION, REMOVAL (Boodly)   Mar 30 1950   Clinton Colored Cemetery Clinton, Missouri  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   427 25 SUPERAL DIRECTOR'S CHATURE   ADDRESS.		Dollyan50			he causes and on the	
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	TION, REMOVAL (Specify)					
	Burial O					

RECEIVED

District Health Officer No. 7,

District File Number 3: 50:333

Date Filed #-3.50

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on t	<b>he reverse</b> si	de of this cer	rtificate was embalmed b	y me, or by	·
orking under my personal supervision.			Student Embalmer Mo.		
		4	811/1	<u> </u>	۶.

P. O. Address

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.

Student Embalmer