HITTO JUI	N 11 1957		E DIVISION OF HEAD NO ARD CERTIF			g	1	8302	2
			16	PRIMARY REG. DIST.		State Fi		*******************	,
BIRTH NO		_ REG. D	DIST. NO						
1. PLACE OF DEA				2 USUAL RESID	ENCE (W	Vhere decomed lived b. COUNT	. If insti	tution: reside	nce b Limbe
a. COUNTY F	Ray			. a. STATE Misso	uri	B. COUNT	''Ra	ay 🆊 🤺	~
b. CITY (If outside co		RURAL and	elve c. LENGTH OF	c. CITY			d. Is Reals	ience within lim	die of
OR	-Crooked Ri		gwnship) STAY (in this place)	TOWN Richm	ond	1	n city o Yea	lence within lines to the components of the comp	lown?
				. STREET		give location)	-		- 7
HOSPITAL OR	(If not in hespital or i	institution, g	rive street address or location)	I ADDRESS			,	08	ላ '
INSTITUTION 2	miles eas	st of	Hardin	2 miles SEcof Richmond 0					
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)			ionth)	(Day) (Year
(Type or Print)	MARTHA		ANN	HARPER	,	OF DEATH Jijn	e l.	1957	
	COLOR OR RACE	1.7 MARI	RIED, NEVER MARRIED, F	1 8. DATE OF BIRTH		9. AGE (In years)	IF UNDER	YEAR IF UND	ER 24
		WIDO	WED, DIVORCED (Beochty)	1	عمرم أ	last birthday)	Months	Days Hours	, N
Female	White		er married		<u> 1953 </u>	ا لـــــــــــــــــــــــــــــــ		1	
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KII	ND OF BUSINESS OR IN-	11. BIRTHPLACE (C	ity and Stat	e or Foreign Count:	17) U	12. CITIZEN (COUNTRY	OF W ?
None	THE INT. TITLE IS IN TEMPER		None	Richmond,	Mo.		- 1	U.S.A	
13a, FATHER'S NAME			13b. MOTHER'S MAIDEN	·	 	E OF HUSBAND	OR WIFE		
Frank F			Myrtle Louise		_				
15. WAS DECEASED EVE		EODCES?	16. SOCIAL SECURITY	17. INFORMANT	S SIGNA	ATURE OR NAL	4E	ADD	000
(Yes, no, or unknown) (I	EK IN U.S. AKMED I yes, give war or dates	of service)	NO.				-	AUD	REŞ
No	•		None	Dr. E.E. Ga	y, Ric	chmond, Mo	,		
18. CAUSE OF DEATH			MEDIÇAL C	ERTIFICATION				INTERVAL E	ETW
Enter only one cause per	1 I. DISEASE OR C	אחודוחגי							
	DIRECTLY LEAD	ING TO DE	ATHON STANDAR	a) austrial	··· ~77	tan anders	<i>f</i>	Q. A	
line for (a), (b), and (c)	DIRECTLY LEAD	ING TO DE	EATH (a) Injurie	I wateried	in all	to accident	<u> </u>		-/
	ANTECEDENT C	AUSES		I sustained .	in aut	<u> Eaceden</u>	<u> </u>		
This does not mean the mode of dying, such	ANTECEDENT C	AUSES		I sustained	in acti	traceden	<u>^ </u>		
This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT C	AUSES is, if any, course (a) st	giving DUE TO (b)	<u>Sustained</u>	n aut	te acceden	<u>+</u> 		
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STATEMENT BY LICENSED EMBALMER

	I hereby certify	that the body who	se name is	recorded	on the	reverse	side of	this	certificate	was	emb
by n	ne, p#/b/y/					•••••	., Stude	ent En	nbalmer N	io	••••

working under my personal supervision..

Signed Word & Shews

Licensed Embalmer No. 1563 P. O. Address Richmond, Mo.

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

Signature of Student Embalmer