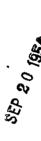
II FILED APR	91 10FN	THE DIVISION	N OF HE	ALTH OF MISS	OURI	. `	1 : 4	1 O O Inion
	בו וטטע	STANDARD	CERTIF	ICATE OF D	EATH	State F	ile No	しびしアク
BIRTH NO		REG. DIST. NO.	149	PRIMARY REG. DIS		1002 Registr		
I. PLACE OF DE. a. COUNTY	ath ackson			a. SIAIE M	idence (1 issouri	Where deceased lived b. COUN	i. Il inetita	ition: residence befor admission
TOWN Kan	erpurate limite, write RUI BAS City	- non	ENGTH OF (In this place) (In this place)	c. CITY (If outside OR ent TOWN	Richmo:	, with RURAL and		
HISTITUTION	St. Luke s	itution, give street address	er location)	d. STREET ADDRESS		sve location) N. Thornto	on /	
3. NAME OF DECEASED	a. (First)	b. (Midd		c. (Last)		4. DATE (2	douth)	(Day) (Yest)
(Typs or Print)  5. SEX     6	Mollie	Salina		elock		DEATH A7	oril l	<del>,</del>
female /	White	7. MARRIED, NEVER N WIDOWED, DIVORCE WICOW	red 7	June 26,	1865	84	Months D	
10a. USUAL OCCUPATIO	ON (Give kind of work ag life, even if retired) SP61*	10b. KIND OF BUSINE	SS OR IN- DUSTRY	11. BIRTHPLACE (B		OURSET?)	12 U	CITIZEN OF WHAT
3a. FATHER'S NAME Richard R.		4	's maiden cos Mo			e of Husband ge W. Lave		
15. WAS DECEASED EVE (Yes. 80, or unknown) (II NO	R IN U.S. ARMED FO	RCES?   16. SOCIAL	SECURITY NO.	17. INFORMAN Mrs. Howa				ADDRESS Mo•
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR CON DIRECTLY LEADING			ertification hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 4 WKS
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT CAUS  Morbid conditions, it rise to the above caus the underlying cause	f any olding DUE TO	• .	pertensive	vascula;	rudisease	्ट्र <sup>म्</sup> स्	YTS. 75%
ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFIC	DUE TO ( ANT CONDITIONS)  ing to the death but not or condition causing death		<del></del>				BBIX
19a. DATE OF OPERA- TION		IGS OF OPERATION	•			<del></del>	2	D. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 21b	o. PLACE OF INJURY (e.d. ne, farm, factory, street, offi	g., in or about se bidg., esc.)	21c. (CITY, TOWN, C	R TOWNSHIP	) . (COUI	(ΥΤΥ)	(STATE)
21d. TIME (Mossle) OF INJURY	(Day) (Year) (Ho	WHILEAT CO NO	CCURRED T WHILE	21f. HOW DID INJU	RY OCCUR?	<del>,</del>		
22. I hereby certify to alive on Marc	hat I attended the		ch 3	, 10, ,0	4-1	_, 19 <u>50</u> , tha	t I last se e stated a	aw the deceased
23s. SIGNATURE	M. Berry	y M. D. (Degre		23b. ADDRESS	emeda R	d.	Z	3c. DATE SIGNED 4-1-50
24a. BURIAL, CREMA TION, REMOVAL (Speats) TOMOVAL	ا براد	' 1	emeter emeter	Y OR CREMATORY		rion (City, town, hmond, Mo		(State)
DATE REC'D BY LOCAL 4-1-50 REG				25. FUNERAL DIR Quest-Li		chmond, M	ADDR O •	ESS
		(Licensed E	mbalmer'a S	atement on Reverse	Side)			<del></del>



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate	e was em	balmed	by me, o	r by	
working under my personal supervision.	, Student	Embaime	r No	•••••	••••••	*****

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.)

Licensed Embalmer No.

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

Student Embalmer

(27) P	11	etc. It means the dis- ease, injury, or complica-	the underlying ea	DUE TO (c) P		
u=19.55.)	) NITO	tion which caused death."	Conditions contri	HFICANT CONDITIONS in the death but not effect or condition couring death.	5	0.
7.3.1%	TANG	19a. DATE OF OPERA- TION	្មាទី២ MAJOR FIN	NDINGS OF OPERATION	WWW H3	20. AUTOPSY7
. (	5	21a. ACCIDENT ( SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bldg., etc.)		(COUNTY) (STATE)
14c	20	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	I was a series of	State of the state
	T N CT			the deceased from Andrews	1950 to Chu F. 18	
, 6	i	23a. SIGNATURE	M. G. Be	W D (Degree or, thio)	23b. ADDRESS Hamida Kol	The Man die
Tri cl w		24a. BURIAL, CREMA- TION REMOVAL (Breedly)		19 20 24c. NAME OF CEMETE	emetery Rach	(Oity, town, or country) (State)
		DATE REC'D BY LOCAL REG.	AEGISTAAR'S	Eldine Holmes	25. FUNERAL DIRECTOR'S SIGNAT	to Richmond M.
	-2		-	(Licensed Embelmer's	Statement on Reverse Side)	

## STATEMENT BY LICENSED EMBALME

I hereby certify that the body whose name is recorded on the reverse side of this certificate	was embalmed by me,	or by
		•

Student Embalmer No.....

working under my personal supervision.

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.