REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 6022 Registrary in C.  1. PLACE OF DEATH  a. COUNTY RAY  1. PLACE OF DEATH  a. COUNTY RAY  1. PLACE OF DEATH  a. COUNTY RAY  2. USUAL RESIDENCE (Where decapased lived. It institutions redictions to the second price of the commands)  5. CITY (If outleds comparate limital, write RURAL and drive township)  5. CITY (If outleds comparate limital, write RURAL and drive or township)  5. CITY (If outleds comparate limital, write RURAL and drive and contents)  6. FULL NAME OF (If got is beneficial or leastifution, give street addraws or located)  6. FULL NAME OF (If got is beneficial or leastifution, give street addraws or located)  8. STATE A/1550UR;  6. FULL NAME OF (If got is beneficial or leastifution, give street addraws or located)  1. STATE A/1550UR;  6. CITY (If outleds comparate limital, write RURAL and drive under the contents)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  1. CITY (If outled comparate limital, write RURAL and drive and located)  2. AGE (If a water located)  2	ET 18/10 25 1	MPA			EALTH OF MISSO		-	OF	OΩ
1. PLACE OF DEATH  2. COUNTY RAY  2. COUNTY RAY  2. COUNTY RAY  2. COUNTY RAY  3. COUNTY RAY  3. COUNTY RAY  4. COUNTY RAY  5. COUNT RICHARD NO  6. FULL NAME OF COUNT IS being black of treast forcers.  6. FULL NAME OF COUNTRARY  6. FULL NAME OF COUNTRARY  7. MARRIED NEVER MARRIED  1. SEX OF COUNTRARY  8. SEX OF COUNTRARY  8. SEX OF COUNTRARY  8. DECREASED  1. COUNTRARY  1.	ET WAR 25 1	<b>35</b> 2	STAND	DARD CERTI	FICATE OF DE	ATH	State File N		
B. COUNTY RAY  B. CITY (If outside comprants litation, with BURAL and sites are not constituted to the control of the control	BIRTH NO		REG. DIST	. no. <u>297</u>	PRIMARY REG. DIST	. NO. <u>60</u>	22 Registrar's 1	voL9	
TOWN RICHMOND towards of the control					2. USUAL RÉSI a. STATE A///	DENCE (WAS	b, COUNTY		midence befor admission
G. FULL NAME OF It on its benefited or leadinations, give street address or location)  NOSTITUTION A 4 Y (O. INFIRMARY)  ADDRESS 4M S W KNO Y VILLE  OF ADD	OR 🕋		RURAL and give townsh	ip) STAY (in this place	AU OR -				W~5#
3. NAME OF DECEASED DECEASED DECEASED DECEASED DECEASED DECEASED DECEASED OF A COLOR OR RACE (Type or Princ) ROBERT  S. SEX O B. COLOR OR RACE ROBERT  MARIED. NEVER MARRIED. WIDOWED DIVORCED (Beauty) WIDOWED DIVORCED (Beauty) WIDOWED DIVORCED (Beauty) MARCH ROBERT MARCH ARCH ARCH ARCH ARCH ARCH ARCH ARCH	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or			d. STREET ADDRESS 4 M	(If rural, gh	re location)	1	890
5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED.   8. DATE OF BIRTH   9. AGGE (to year) or brooks   1722   1900 to 18 to	3. NAME OF DECEASED			b. (Middle)		1	I. DATE (Mont) OF	h) (Day)	
MALE    MHITE   DR. USUAL OCCUPATION (Silve kind of work)   MILE   DR. USUAL OCCUPATION (Silve kind of work)   MILE   DR. USUAL OCCUPATION (Silve kind of work)   MILE   DR. WIND OF BUSINESS OR IN-   PARMING   DR. KIND OF BUSINESS OR IN-   PARMING   DR. KIND OF BUSINESS OR IN-   PARMING   DR. KIND OF BUSINESS OR IN-   DR. KIND OF BUSIN			1.7. MARRIED	NEVER MARRIED.			AGE (In years of the	DER 1-YEAR   D	
10. KIND OF BUSINESS OR IN-   11. BIRTHPLACE (18 was or tordign occurry)   12. CITIZEN OF WHA   13. MOTHER'S MANE   13. MOTHER'S MANE   14. NAME OF HUSBAND OR WIFE   15. MOTHER'S MANE   15. MOTHER'S MANE   14. NAME OF HUSBAND OR WIFE   15. MOTHER'S MANE   16. MOTHER'S MANE   16. MOTHER'S MANE   16. MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS     16. MOTHER MANE   16. MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS     17. INFORMANT'S SIGNATURE OR NAME   ADDRESS     18. CALDE OF DEATH   16. MOTHER'S MANE   16. MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ANDRESS     18. CALDE OF DEATH   16. MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ANDRESS     18. CALDENT   MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ANDRESS     18. CALDENT   MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ANDRESS     18. CALDENT   MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ANDRESS     18. CALDENT   MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   ANDRESS     18. CALDENT   MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   MOTHER'S MANE   17. INFORMANT'S SIGNATURE OR NAME   MOTHER'S MANE   17. INFORMANT'S SIGNATURE   17	MALE	. /	WIDOWED.	DIVORCED (Bpecky)		المنسنا	last birthday) Mont	ha   Days   E	
39. FATHER'S NAME  80 BERT MANLEY  130. MOTHER'S MAIDEN NAME  141. NAME OF HUSBAND OR WIFE  SARAH F. ZIMMER MAN  ADDRESS  NO NE  MEDICAL CERTIFICATION  ORIGINAL SARAH F. ZIMMER MAN  SIGNATURE OR NAME  ANTECEDENT CAUSES  MOVID CONDITIONS  ANTECEDENT CAUSES  MOVID CONDITIONS  This does not mean  ANTECEDENT CAUSES  MOVID CONDITIONS  ANTECEDENT CAUSES  MOVID CONDITIONS  THE TO (c)  This does not mean  ANTECEDENT CAUSES  MOVID CONDITIONS  THE SIGNIFICANT CONDITIONS  DUE TO (c)  SALAH  SARAH F. ZIMMER MAN  SIGNATURE  ANTECEDENT CAUSES  MOVID CONDITION  ORIGINAL SARAH F. ZIMMER MAN  SIGNATURE  SIGNATURE  10. INTERVAL BETWEE  ORIGINAL SARAH F. ZIMMER MAN  SIGNATURE  SIGNATURE  11. OTHER SIGNIFICANT CONDITIONS  THE TO (c)  SARAH F. ZIMMER MAN  ADDRESS  AND AN EXAMINED OR NAME  ANTECEDENT  SIGNATURE  SIGNATURE  10. INTERVAL BETWEE  ANTECEDENT CAUSES  MOVID CONDITION  THE SIGNIFICANT CONDITIONS  THE TO (c)  SARAH F. ZIMMER MAN  SIGNATURE  SIGNATURE  10. INTERVAL BETWEE  SIGNATURE  10. INTERVAL BETWEE  SIGNATURE  10. INTERVAL BETWEE  SIGNATURE  11. OTHER SIGNIFICANT CONDITIONS  THE TO (c)  SIGNATURE  120. AUTOPSYT  THE MAN CONDITION  THE SIGNATURE  121. HOW DID INJURY OCCUR?  121. HOW DID INJURY OCCUR?  122. INTERVAL EXAMENDED  123. AUTOPSYT  THE MAN CONDITION  THE SIGNATURE  124. LOCATION (CILS, LOWN, or county)  SIGNATURE  125. AUTOPSYT  THE MAN CONDITION  THE SIGNATURE  126. NAME OF THIS INDURENCE TO CREMATORY  126. LOCATION (CILS, LOWN, or county)  SIGNATURE  126. NAME OF THIS INDURENCE  127. AUTOPSYT  THE MAN CONDITION  10. INTERVAL BETWEE  SIGNATURE  10. INTERVAL BETWEE  SIGNATURE  10. INTERVAL BETWEE  SIGNATURE  10. INTERVAL BETWEE  10. INTERVAL BETWEE  10. INTERVA	On. USUAL OCCUPATI	ON (Give kind of work ing life, even if retired)	10b. KIND O	F BUSINESS OR IN-				12. CITIZ	EN OF WHAT
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN U. S. ARMED FORCES.  NO. WAS DECEASED EVER IN			- <u>'-</u>	<del>_</del>			OF HUSBAND OR W		
5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT'S SIGNATURE OR NAME  ADDRESS  18. CAUSE OF DEATH Sinter only one owns per line for (a), (b), and (c)  18. This does not mean the mode of diring, such the such discussed death.  11. OTHER SIGNIFICANT CONDITIONS  12. ANTECEDENT Caused death Conditions contributing to the death but not related to the discase or condition causing death.  19. MAJOR FINDINGS OF OPERATION  11. OTHER SIGNIFICANT CONDITIONS  12. AUTOPSY?  YES NO [X]  14. ACCIDENT  15. MORALO  16. Time 16. (Moesth) 16. Time 16. Time 16. (Moesth) 16. Time 16. Time 16. (Moesth) 16. Time 16. Time 16. Time 16. Time 16. (Moesth) 16. Time 16. (Moesth) 16. Time 16. Time 16. Time 16. Time 16. (Moesth) 16. Time 16.	<b>n</b>	_	1	DUISA MC	KNIGHT	SARA	H F. ZIMI	MERM	A~/
MEDICAL CERTIFICATION    Internal Between the mote only one course per longer again to the color occurse (a) stating the underlying course last.    DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH* (a)	15. WAS DECEASED EV			SOCIAL SECURITY	17. INFORMANT	'S SIGNAT		_	
Disease on the control one cause per ine for (a), (b), and (c)  "This does not mean the distance of gring, such a heart failure, esthemia, it. It means the distance of a heart failure, esthemia, it. It means the distance of compileation which caused death.  "This does not mean the distance of gring, such a heart failure, esthemia, it. It means the distance of compileation which caused death.  "This does not mean the distance of the control of the winderlying course last."  DUE TO (c)  "This does not mean the distance of the control of the winderlying course last."  DUE TO (c)  "This does not mean the distance of the winderlying course last."  DUE TO (c)  "This does not mean the distance of the winderlying course last."  DUE TO (c)  "This does not mean the distance of the winderlying course last."  DUE TO (c)  "This winderly in the death but not related to the disease or condition coursing death.  "To Into Into Into Into Into Into Into Int	No	NO HE				TIE MI	FNLEY		
Morbid conditions, if any, giving DUE TO (b)  A heart fallware, asthemia, it is underlying cause last.  Morbid conditions, if any, giving DUE TO (b)  A heart fallware, asthemia, it is underlying cause last.  DUE TO (c)  DUE TO (d)  DUE TO (e)  DUE TO (f)  DUE TO (f)  DUE TO (f)  DUE TO (g)  DU	<ol> <li>CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</li> </ol>	I. DISEASE OR C	CONDITION DING TO DEATH	0	certification	mo	rahuge	ONSET	AND DEATH
DUE TO (c)  DUE TO (c)  DUE TO (c)  J. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not Condition acting deeth.  J. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not Condition acting deeth.  J. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not Condition acting deeth.  J. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not Condition acting deeth.  J. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not Condition acting deeth.  J. O. AUTOPSY?  YES NO [X]  NO [X]  J. O. AUTOPSY?  YES NO [X]  NO [X]  J. O. AUTOPSY?  YES NO [X]  J. O. AUTOPSY?  YES NO [X]  IS. ACCIDENT  SUICIDE  HOMICIDE  J. HOW DID INJURY OCCUR?  J. D. T. Ind. I last saw the decease alive on J. 19 J., that I last saw the decease alive on J. 19 J., and that death occurred at T. 30 Am., from the causes and on the date stated above.  J. D. AUDORES  J. D. AUDORES  J. D. AUTOPSY?  YES NO [X]  NO [X]  J. D. AUTOPSY?  YES NO [X]  NO [X]  J. D. AUTOPSY?  YES NO [X]  YES NO [	the mode of dying, such			DUE TO (b)	<u>umic P</u>	محم	uy.	2_	Day.
On which caused death.    II. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.    9a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE   10d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK NOW AT WORK N	etc. It means the dis-	the underlying co	use last *	( )	timal 3	Jul	منع	_ 5	مقين
9a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  11c. ACCIDENT SUICIDE 11c. ACCIDENT SUICIDE 11c. ACCIDENT SUICIDE 11c. ACCIDENT SUICIDE 11c. Month) 11c. ACCIDENT SUICIDE 11c. Month) 11c. ACCIDENT SUICIDE 11c. Month) 11c. Mont	tion which caused death.					•	1111	14	,
SUICIDE HOMICIDE    HOMICIDE   Homosth   CDay   CFear   CHoury   Street, office bidg., etc.)	19a. DATE OF OPERA- TION				, 15	्रास्त्रमाङ्ग	331%	1 1	TOPSY?
WHILE AT WORK NOT WHILE AT WORK AT WOR	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)				R TOWNSHIP)	(COUNTY)	, (	TATE)
alive on 3 6, 1954, and that death occurred at 7:30 cm., from the causes and on the date stated above.  3a. SIGNATURE  Pegroa or title)  23b. AUDRES  4a. BURIAL, CREMA- 10N. REMOVAL (Bypedity)  MARCH 19 1952  DOCKERY (EMETRRY RAY CO. MISSOUR!  DATE RECTO BY LOCAL  REGISTRAR'S SIGNATURE  973  OUEST-LILE FUNERAL HOME  RICHMOND,  MUN. 19-1932  Malu Joukson  OUEST-LILE FUNERAL HOME  RICHMOND,	OF `	(Day) (Year)	- WHILE	AT   NOT WHILE	21f. HOW DID INJUI	RY OCCUR!			
Chegrea or title) 23b. ALDRESS 23c. DATE SIGNED 3 1951  As. BURIAL, CREMA- 22b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)  TION, REMOVAL (Byselfy) MARCH 19, 1952 DOCKERY (EMETRRY RAY CO. MISSOUR!  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 273 STUNERAL DIRECTOR'S SIGNATURE ADDRESS  N an 19-19-2 Malu Jockson C. GUEST-LILE FUNERAL HOME RICHMOND,	• •	that Lattended	the deceased	from 3/12		3/16/	, 195 <b>L</b> , that I	last saw th ated above.	e deceased
MARCH 19, 1952 DOCKERY (EMETERY RAY CO. MISSOUR)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, 973 B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  M. 40. 19-1932 Malu Jackson DUEST-LILE FUNERAL HOME KICHMOND,	23a. SENATURE	2. K	× and			hous	al, les		TE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, 973 & FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wan 19-19-2 Malu Jackson & GUEST-LILE FUNERAL HOME RICHMOND,	TION, REMOVAL (Spect)	r) ;	1 _				23.0		
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCA	L REGISTRAR'S		eon 273	25, FUNERAL DIRI	+ +	PATURE PAL HOME	ADDRESS KICH	MOND,
	IV. 9/1 . 1 / / . / . /		(	Licensed Embalmer's	Statement on Reverse	side)			

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by								
	Stydent Embalmer No.							
working under my personal supervision.								
<b>6</b> 4 4 4	Signed I leonal Mill							

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