11.		INE DIVISION		THE OF M	1155COKI		- 1	L306	G "
MED APR 19 19	952	STANDARD CERTIFICATE OF DEATH State File No						U	
BIRTH NO.	<u> </u>	REG. DIST. NO	149	RIMARY REG.	DIST. NO	1002 Regi	strar's No	1480	3
1. PLACE OF DE a. COUNTY Ja	ATH CKSOL			2. USUAL F a. STATE	RESIDENCE Missour	(Where deceased I	ved. If ion	titution: resid	ence before admission).
U	isas City	township) STAY	NGTH OF (in this place)	c. CITY (If or OR TOWN	itside corporate lim		08 G	ahip)	
d. FULL NAME OF HOSPITAL OR INSTITUTION	Menorah H	institution, give street address OSDital	or location)	d. STREET ADDRESS		Addition	1		
3. NAME OF DECEASED (Type or Print)	a. (First) Jennie	b. (Middi	e)	c. (Last	^p ence	4. DATE OF DEATH	(Month) March	(Day) 29, 1	952 952
female /	color or race white	WIDOWED DIVORCE	ARRIED, O (Specify)	Dec. 1,	1870	9. AGE (In year last birthday)	Months	Days Hour	DER 21 HBS.
10a. USUAL OCCUPATION of World Communication	ON (Give kind of work	106. KIND OF BUSINES	S OR IN- DUSTRY		E (State or foreign 11e, Mo.	country)	/	12. CITIZEN COUNTRY U. S.	OF WHAT
13a. FATHER'S NAME Abe Bales	-	4	ınknown		- 4	ME OF HUSBAN	on wife	E	
I5. WAS DECEASED EVE (Yes, no, or unknown) (I	R IN U.S. ARMED	FORCES? 16. SOCIAL :	SECURITY NO.	17. INFORM Mrs. B	ant's sign ertha Dre	MATURE OR N	Chestn	ut ADD	RESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	ALIDERIA		Vascula	on r hemorri	nage		INTERVAL E ONSET AND	SETWEEN DEATH
This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT C Morbid condition rise to the above of the underlying car	AUSES s, if any giving DUE TO (Innue (a) stating use last	b)	erioscle	rosis	in the state of			ing Sama
etc. It means the dis- ease, injury, or complica-		DUE TO (d							1
tion which caused death.	Onditions contri- related to the disea	FICANT CONDITIONS buting to the death but not use or condition causing death	la	•			j	331	X
19a. DATE OF OPERA- TION		DINGS OF OPERATION						20. AUTOP:	SY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g. home, farm, factory, street, office	, in or about bldg., etc.)	21c. (CITY, TOW	/N, OR TOWNSHI	P) (CC	OUNTY)	(STAT	TE)
21d. TIME (Month) OF INJURY	(Day) (Year) ((Hour) 21e. INJURY OC WHILE AT NOT WORK AT	CURRED WHILE WORK	21f. HOW DID I	NJURY OCCUR?	,			
22. I hereby certify to alive on <u>Ma</u>	hat I attended t	the deceased from	une urred at _3	, 19 <u>51</u> , to	March from the cause	29, 19_52, t s and on the d	hat I last late stated	saw the de	eceased
Millia	m Z- '	Munch ?	7. · N 1·	. 420	Prof. B	ldg.		3-31-5	
24a BURIAL CREMA TION REMOVAL Deposity DUTIAL	<u> 4-1-52</u>	Sunny !	Slope C	em.		chmond, M	• •		State)
DATE REC'D BY LOCAL REG	REGISTRAR'S S	SIGNATURE Line Holme	ارد		n Funeral			nd, Mo	•
		(Licensed Em	belmer's Sta	tement on Reve	ree Side)		.*	بريد	

I hereby certify that the body whose name is recorded on the	everse side of this certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No
	Signed

STATEMENT BY LICENSED EMBALMER

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.)

above constitutes grounds for revocation of license.)

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

DUE TO (c) 10	1	-	ac. Il mette the dis-	t the proderlying sec			A	The same of			
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- 19b., MAJOR FINDINGS, OF OPERATION		5_ II	case, injury, or complica-				}}	1		_	ji v
19a. DATE OF OPERA- TION 19b., MAJOR FINDINGS, OF OPERATION 20. AUTOPSYT YES NO 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE 21d. TIME OF INJURY 22ld. INJURY 22ld. INJURY OCCURRED WHILE AT WORK AT WORK 22lf. HOW DID INJURY OCCUR? 22lf.		<u></u>	tion which caused death.	II. OTHER SIGN	IFICANT CONDITION	5	100				
TION 21a. ACCIDENT (Bpecify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? 22d. I hereby certify that I attended the deceased from while At work 19 / 16at I last saw the decease alive on Marke 24, 19 52, and that death occurred at 3:500 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNE 23c. D	Š							سرره	4		
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK 21f. How DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK 21f. How DID INJURY OCCUR? 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK 21f. How DID INJURY OCCUR? 21d. Hereby certify that I attended the deceased from work at work 22f. to dute 19 f. that I last saw the decease alive on Month 22f., 1951, and that death occurred at 3:500 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNE 23c. DATE SIGNE 37 J. 52 24a. BURIAL CREMA- 24b. DATE 24b. DATE 24b. DATE 24b. DATE 24b. DATE 24c. INAME OF CEMETERY OR CREMATORY 24d. LOCATION (9th, town, or county) (State) Burial April 1,1952 Sunny Slope Cemetery Richmond, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RICHMOND, Mo. Richmond, Mo.		N. I		. 19b., MAJOR FIN	IDINGS; OF OPERATION	ON ,	٠٠. آج	VA.	s .9	I . —	<i>77</i> □
INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 1974, to dute 1994, that I last saw the decease alive on March 29, 1951, and that death occurred at 3:508 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNE 24a. BURIAL. CREMA 24b. DATE 24c. INAME OF CEMETERY OR CREMATORY 24d. LOCATION (Offer, town, or county) (State) TION, REMOVAL (Byselfy) April 1,1952 Sunny Slope Cemetery Richmond, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3-3/-52 Signature Holmes Harman Juntal Home Richmond, Mo. Richmond, Mo. Richm	į.	o .	SUICIDE	(Specify)			21c. (CITY, TOWN, C	R TOWNSHIP)	-	(STATE) .,.
22. I hereby certify that I attended the deceased from	ļ		OF	(Day) (Year)	WHILEAT	NOTWHILE	21f. HOW DID INJU	RY OCCUR?		· • • • • • • • • • • • • • • • • • • •	
24s. BURIAL, CREMA 24b. DATE 24c. INAME OF CEMETERY OR CREMATORY 24d. LOCATION (OTTO, town, or county) (State) Phirial April 1,1952 Sunny Slope Cemetery Richmond, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3-3/-52 Slevelding Holmes Thurman Juneral Home Richmond, Mo.	y 1787 4								, that I la		cease
243. BURIAL CREMA- 24b. DATE Ab. INAME OF CEMETERY OR CREMATORY 24d. LOCATION (Off, town, or county) (State) Burial April 1,1952 Sunny Slope Cemetery Richmond, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Aboress Richmond, Mo. Richmond, Mo.	٠	· 1	23a. ŞIGNATURE	m L. 9	A 11 A	Degree or title)		simal Blet	9 1	23c. DATE SI	GNED
Date rec'd by Local Registrar's Signature 3-31-52 Stendling Holmes Thurman Juneral Home Richmond, Mo.	£,		TION, REMOVAL (Specify)	24b. DATE	ale. INAM		Y OR CREMATORY	24d. LOCATION (Q	My, town, or cou	** ** ***,	ate)
3-31-52 Sendene Holmes Thurman huneral Home Richmond, Mo.	ş	ا ۶				LA CAOPO					
(Licensed Embelmer's Statement on Reverse Side)			3-3/-52	Les	lding He	Imes	Thurman	1 11			<u>.</u> 0
			•								

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, OPOSC
	Student Embalmer No
working under my personal supervision.	
Student Embalmer	Signed Zone & Shurman Licensed Embalmer No. 4563
·	P. O. Address Richmond, Mo.
Note: The above MUST BE SIGNED BY THE LICENSE the above constitutes grounds for revocation of license.)	D EMBALMER in his OWN HANDWRITING. (Failure to comply with
If this body is not embalmed, fact should be so stated above.	