1				EALTH OF MISSO	·-			57	/h	
BIRTH EULED MAI	 R 9 1954	-		IFICATE OF DI			File No			
		REG. DI	ST. NO. 297	PRIMARY REG. DIST			strar's No.	23	*******	
I. PLACE OF DE a. COUNTY Ra	- -	à s	•	a. STATE Miss	DENCE (* SOUTİ	here deceased if	INTV	ay ,	ioe be	
b. CITY (If outside of OR TOWN Ric	chmond	RURAL and gi	reship) c. LENGTH C. STAY (in this plant of the plant)	III OR	rick		d. Le Res a city Yes	or incorporated b	ts of	
d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION Penny Rest Home			ADDRESS	(If rural.	give location)		089	0		
3. NAME OF DECEASED (Type or Print)	a. (First)		b. (Middle) BLANCHE	c. (Last) WOODS		4. DATE OF DEATH ME	(Month)	(Day) (1 2, 195	(ear)	
	color or RACE	7. MARRI WIDOW Neve	ED. NEVER MARRIED, ED. DIVORCED (Specify T Married	Os. date of Birth	1885	9. AGE (In yes	IN IF CHOCK			
10a. USUAL OCCUPATION (Glevekind of work dope during most of working life, even if retired) Housekeeper		10b. KIND	OF BUSINESS OR II	II. BIRTHPLACE	44 DIOTTION 4.0F		e or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME 13b. MOTHER'S M			36. MOTHER'S MAIO Eliza Harr	EN NAME	14. NAM	e of Husban		E		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. or unknown) (If yes, give war or dates of service) NO.								ADDR ssouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dring, such as heart fallure, astheria, etc. It means the discontinuous (a) stating the underlying cause last. MEDICAL CERTIFICATION INTERVAL BE ONSET AND IS SAME OF CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b)					TWEF					
This does not mean	ANTECEDENT C	CAUSES	, C	, /	T.	och p	ion	5 m Lumbo	DEAT DOM	
This does not mean	ANTECEDENT C	CAUSES ns, if any, give cause (a) stationse last. IFICANT CON ibuting to the c	ting DUE TO (b) DUE TO (c) NDITIONS death but not	typert en terio sclerotii	cion Car	ochro dio-ra disen	rsculo	5m unbr	DEATH DOM DOM DOM	
line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, ctc. It means the dis- cuse, injury, or complica-	ANTECEDENT C Morbid condition rise to the above the underlying co	CAUSES ns, if any, give cause (a) stationate last. IFICANT CON ibuting to the cause or condition	ting DUE TO (b) DUE TO (c) NDITIONS death but not meansing death.	typert en terio sclerotii	cion Car	dio-zu	rsculo	5m unbr	DEATI DOM DOM DOM	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re-	corded on the reverse side of this certificate was emb
by me, or by	Student Embalmer No
working under my personal supervision	•
	// 2 2

Student Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 44

P. O. Address Ruchen

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

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.