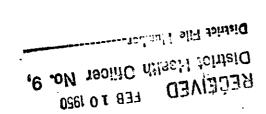
	_	THE DIVISE	ON OF HE	ALTH OF MISSOUI	Ri			000	
FILED FEB	14 1950			ICATE OF DEA		State F	; File No	しない	
BIRTH NO		REG. DIST. NO.	80	PRIMARY REG. DIST. I	w. <u>230</u>	Registe	ا جست rar's No	3	
1. PLACE OF DEA	тн			2. USUAL RESIDE	NCE (Where	decessed live	d. If institut	ion: residence before	
a. COUNTY	a de de Colle			a. STATE Misson	וֿיינו	b. COUN	TY Col	e (m ()	
b. CITY (If outside co		URAL and give C.	LENGTH OF	c. CITY (If estade corre		BURAL and			
or Town Mari	on Townsh	1 di D	AY (in this place) Life	TOWN/larion					
d. FULL NAME OF (HOSPITAL OR INSTITUTION		d. STREET (If rural, give location) ADDRESS 3Miles South of Mar				~Ma			
3. NAME OF	a. (First)	oth of Mar		c. (Last)					
DECEASED		·			4. 0	OE .		Day) (Year)	
	William	Franklin						31,1950	
Male O^{6}	color or race White	7. MARRIED, NEVER	RCED (Bought)	Dec. 23 186	la.	GE (In years st birthday) 86	Months Da		
a. USUAL OCCUPATION		Marore 10b. KIND OF BUS		11. BIRTHPLACE (State o			<u>. –</u>		
doze during most of working	ig life, even if retired)		DUSTRY		\sim	,] 12,	CITIZEN OF WHAT OUNTRY?	
Farmer		<u>Own</u>		Jamestown :				DA	
3a. FATHER'S NAME		136. MOTH	ER'S MAIDEN	NAME	14. NAME OF			. –	
mirl Ellio			ret Br		<u>Belle</u>				
5. WAS DECEASED EVE	R IN U.S. ARMED F Year, prive war or dates o		L SECURITY	17. INFORMANT'S	SIGNATUR	E OR NA	ME	ADDRESS	
No	No		ne "o.	Ellis Elli	ott Jei	ffers	on Cit	y, Mo	
B. CAUSE OF DEATH			MEDIÇAL S	ERTIFICATION				NTERVAL BETWEEN	
inter only one cause per	I. DISEASE OR CO DIRECTLY LEAD!	NDITION NG TO DEATH* _(a)	all	Bledy				ONSEZ AMO DEATH	
ine for (a), (b), and (c)				1-11			-	, and	
*This does not mean	ANTECEDENT CA			Phlanison	Moras	in			
he mode of dying, such to heart failure, asthenia,	Morbid conditions	, if any, giving DUE Tuse (a) stating	O (b)	C CTC C-11 PC					
ic. It means the dis-	the underlying cau	ae auat.							
are, injury, or complica-	II OTHER CICHES	DUE T	DUE TO (c)			······································	_	· · · · · · · · · · · · · · · · · · ·	
ion which caused death.		ICANT CONDITIONS uting to the death but m	nd				1.	124X	
	related to the diseas	e or condition causing	ieath.				3	7.7	
9a. DATE OF OPERA-	19b. MAJOR FIND	INGS OF OPERATION	4				2	D. AUTOPSY?	
								YES NO	
1a. ACCIDENT SUICIDE	(Specify) 2	16. PLACE OF INJURY	(e.g., in or about	21c. (CITY, TOWN, OR T	OWNSHIP	/SCOL	(YZYI	ATTATE)	
HOMICIDE	"	ome, farm, factory, street	, other bidg., etc.)	Marion	1 box	10	e	Mo	
ld. TIME (Month)	(Day) (Year) (I	iour) Zie. INJUR	OCCURRED	211. HOW DID INJURY	OCCUR!				
OF INJURY		WHILE AT WORK	HOT WHILE		V	•		•	
7.11	7 - 4 7 - 47 3 1 47			49 1.	,31	\$575			
. I hereby certify t	nat I attended th	ie aeceasea jrong	MVZ-2	2:45 m. Grom the	,, , }	, th	ai i tasi sa	w the deceased	
alive on	7				causes and	on the da			
L SIGNATURE	11/2	- n ^o	egges or title)	23b. ADDRESS	6.5		2	c. DATE SIGNED	
////	Hau	en 80	V. ()	caus	nu	<u> </u>	<u> </u>	1-150	
Aa. BURIKL CREMA: TON REMOVAL (Break) BUI'I A L	24b. DATE	1		//	44. LOCATION		o, or county)	(State)	
Burial	2-2-50	New	Hope C	emetery /	Marior				
DATE REC'D BY LOCAL	REGISTRAR'S SI	GNATURE	70	25. FUNERAL DIRECT	OR'S SIGNA	TURE	ADDR	E 53	
Galuia Res.	mis. mi	<u>mii-kitta</u>	unciel	1/reloBue	schu	15/1	ismi	Citymo	
71	···•		Embalmer S	tatement on Reverse Side)) !	7 78		-2	



STATEMENT BY LICENSED EMBALMER

I herel	y certify t	that the boo	ly whose r	name is recorded	on the reverse	side of tl	his certificate	was embalmed	by me, or	by	
 			·	••••••••••			, Studen	t Embalmer No	. <i>Ś</i>	15	····
	_	_							•	*	•

working under my personal supervision,

Licensed Embalmer, No.

P. O. Address.

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.