Usual place of abode, if no street address, write county or city) PERSONAL AND STATISTICAL PARTICULASS REPRODUCED (brite the word) S. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (brite the word) WIGOWED SA. IF MARRIED, WIDOWED, OR DIVORCED (INSAND THE WIDOWED, OR DIVORCED	ILY. PHYSICIANS should state OCCUPATION is very important.	1. PLACE OF DEATH (a) County AAR CONITO (b) Township Harrison (c) City (e) Length of residence in city or town 2. PRINT FUEL NAME MARY JA (a) Residence, No.	BUREAU OF CERTIFIC Registration District Primary Registrat (d) Street No	Registered No. 2.7.7.3 Registered No. 2. St. occurred in Hospital or Institution, write its name instead of street and number) tos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
3. SEX 4. COLOR OR RACE 1. SMARIED, WIDOWED, OR DIVORCED Widowed 5. IF MARIED, WIDOWED, OR DIVORCED (OS) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR OP 1.11 th, 1852 7. AGE 7. AGE 7. AGE 8. Transport of particular kind of the state of the	LY. OCCI			
S. DATE OF BIRTH (MONTH), DAY, AND YEAR SOLT 11th, 1852 7. AGE YEARS MONTHS DAYS II LESS than I day, here, here, here were as follows work done, as saw yer, hookkeeper, etc. to use of months of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hookkeeper, etc. to use of work was done, as saw yer, hookkeeper, etc. to use of work done, as saw yer, hook done, as saw yer, hook done, as saw yer, hook done, as a well, hour done done done done done done done done	stated EXACT	3. SEX 4. COLOR OR RACE White White SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) AV 4th 1939 19 22. I HEREBY CERTIFY, That I attended deceased from 1911, to 1911
7. AGE YEARS MONTHS DAYS IT LESS than I day, here or min. 86 23 or min. 8 Trade, profession, or particular kind of 10188 Mand work done, as saw yer, bookkeeper, steel 10188 Mand work done, as saw yer, bookkeeper, steel 10188 Mand work done, as saw wer, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as saw were, bookkeeper, steel 10188 Mand work done, as a saw were, bookkeeper, steel 10188 Mand work done, as a saw were, bookkeeper, steel 10188 Mand work done as a saw were, bookkeeper, steel as a saw were, bookkeeper, steel as a saw were, bookkeeper, steel as a saw were as follows done as a saw were, bookkeeper, steel as a saw were as follows done as a saw were as follows. 12. BIRTHPLACE (city or town) Lathern Mand Warth work diagnosis? 13. MAME W. D. Smith done done as a saw were as follows done as a saw were part in this occupation of done as a saw were part in this occupation. 12. BIRTHPLACE (1 be	6. DATE OF BIRTH (MONTH, DAY, AND YEA	Sept.11th.1852	
8. Trade profession, or particular kind of, work done, as sawyer, bookkeeper, etc. 19use Mand 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Distance deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) Latham (STATE OR COUNTRY) 13. NAME W. D. Smith 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME Catherine Hickman 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT W. J. Pennington (STATE OR COUNTRY) 18. BURIAL CREMATION, OR REMOVAL PLACE (CITY OR TOWN) 19. FUNERAL DIRECTOR (NAME) It. N. Stellens (ADDRESS) Russell ville, Mo. 19. FUNERAL DIRECTOR (NAME) It. N. Stellens (ADDRESS) Russell ville, Mo. 19. FUNERAL DIRECTOR (NAME) It. N. Stellens (Signed Mander of injury) 20. FILED // LO 1939 / Luxsell W. Rhillipho 19. FUNERAL DIRECTOR (NAME) It. N. Stellens (Signed Mander of injury) 21. Was disease or fijury in any way sisted to occupation of deceased? M. J. Specify city or town, country, and State) 19. FUNERAL DIRECTOR (NAME) It. N. Stellens (ADDRESS) Russell ville, Mo. 20. FILED // LO 1939 / Luxsell W. Rhillipho 21. Gladdress) 22. Was disease or fijury in any way sisted to occupation of deceased? M. J. Specify city or town, country, and deceased? M. J. Specify city or town, country, and State) 22. Was disease or fijury in any way sisted to occupation of deceased? M. J. Specify city or town, country, and State) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury. Nature of injury Nature	면 면	7. AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follow
12. BIRTHPLACE (CITY OR TOWN) Latham Other codity tory causes of importance: (STATE OR COUNTRY) Missouri 13. NAME W.D. Smith 14. BIRTHPLACE (CITY OR TOWN) North Carolinia To see a	ಾ	9. Industry or business in which won was done, as saw mill, bank, et 0 10. Date deceased last worked at this occupation (month and	k.c	520
13. NAME W. D. Smith 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolinia 15. MAIDEN NAME Gatherine Hickman 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 17. INFORMANT W. J. Pennington (ADDRESS) California, Mo. 18. BURIAL, CREMATION, OR REMOVAL PLACE Woodman Gem. Date of. What test confirmed diagnosis? Was there an autopsy? Where did injury occur? (Specify city or town, country, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury. Nature of injury. 24. Was disease or finjury in any way plated to occupation of deceased? 15. FUNERAL DIRECTOR (NAME) II. N. Steffens (ADDRESS) Russellville, Mo. 26. Gigned (Signed (CAddress)	efully ay be	12. BIRTHPLACE (CITY OR TOWN) Laths (STATE OR COUNTRY)		Other confidence causes of importance:
STATE OR COUNTRY North Carolinia What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was the	t it r	13. NAME W.D.Smith		
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	CAT	20. FILED \$\\\ 10 \\ 1939 \\	ewall w. Rhillip	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	verse side of this certificate was embalmed by me, or by	
G.N.Steffens	Registered Apprentice No	<u>.</u>
working under my personal supervision.	le de 11	

Licensed Embalmer No 2307

P. O. Address Russellville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for pevocation of license.)

If this body is not embalmed, above space should be left blank.