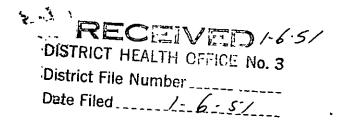
11		IE DIVISION OF HE					A A - 6	2
<b>FLED</b> JAN 8 19	151 STA	NDARD CERTIF	ICATE OF DE	ATH	State i	File No	415	53
BIRTH NO	REG. (	DIST. NO. 224	PRIMARY REG. DIST		96 Regist	7ar's No	63	<i>:</i>
I. PLACE OF DEATH  a. COUNTY					Where deceased live b. COU!	ed. If inet	titution: reside	
b. CITY (If outside corporate limits, w		. I. Iruarii ar	MIB	souri		MO	nitea	u16
тоwn Rural - Wa	lker	AMON (CIT)	c. CITY (If outside of OR TOWN Ru.)	ral -	Walker	i give town	ship)	
		dve street address or location) Walker Twn.	d. STREET ADDRESS	(If fursi,	give location)			
3. NAME OF a. (First) DECEASED		b. (Middle)	c. (Last)			Month)	_(Day)(	Year)
(Type or Print) MARY E	LIZABET				OF DEATH	l2 -	31-19	50′
5. SEX   6. COLOR OR R Cemale / White	ACE 7. MARR WIDO Wid	RIED, NEVER MARRIED, WED, DIVORCED (Spedity) OWE C	8. DATE OF BIRTH June 17,	1863	9. AGE (In years last birthday)		Days House	MER M M
Oa. USUAL OCCUPATION (Give kind of done during most of working life, even if ret	work 10b. KIN	ID OF BUSINESS OR IN-	11. BIRTHPLACE (State	ie or foreign o	ractry)	<del>- i</del>	12. CITIZEN	OF WH
done during most of working life, even if ret HOUSEWITE		Moniteau	ง Jour	tv o	- 1	U S A	! •	
3a. FATHER'S NAME	ľ	136. MOTHER'S MAIDEN	NAME	14. NAM	E OF HUSBAND		<u> </u>	
William Dagley	1	<del></del>	ad 		ın Higgi			
5. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) (If yes, give war or	IED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT				ADDI	
1			Mrs. Chas.	arr	ett, Ce	<u>n te r</u>		
18. CAUSE OF DEATH Enter only one cause per I. DISEASE Cline for (a), (b), and (c)	OR CONDITION EADING TO DE	MEDICAL C ATH <sup>*</sup> (a) <u>ندم</u>	ertification		Lace		ONSET AND	DEAT
*This does not mean ANTECEDEN	IT CAUSES		7		4		ما حدث	
the mode of dying, such Morbid conditions, if any, giving DUE TO (b) Steleral Chlerio Delliour							1	
as heart fallure, asthenia, rise to the ab the underlyin	ove cause (a) sta ig cause last.		1 0.	./ 5/	/ <del>-/</del> - •	n		
tion which caused death, 11. OTHER SIGNIFICANT CONDITIONS  DUE TO (6) Legan ale TEN OTTER SECTION 20 GY								
		death but not ion causing death.				2	3/1	
9a. DATE OF OPERA- 19b. MAJOR	FINDINGS OF	OPERATION					20. AUTOPS	Υĭ
	<del></del>						YES 🗌	NO E
tia. ACCIDENT (Specify) SUICIDE HOMICIDE	21b, PLACE home, farm, f	OF INJURY (e.g., in or about actory, street, office bidg., etc.)	žie. (CITY, TOWN, OR	TOWNSHIP	) (COU	NTY)	(STAT	E)
SINJURY) (Month) (Day) (Year		HILE AT NOT WHILE WORK	211. HOW DID INJURY	OCCUR?				
2. Therebylcertify that I attend alive on Nec 2 9, 18	ed the deceas	ed from May	_, 19 \Q, to \Q 2:\SAm., from t	ر <u>قر</u> ہے۔	, 19 <u>So</u> , the	at I last	saw the de	ceas
SIGNATURE SIN		(Degre Or title)	23b. ADDRESS	no course	and on the da		Z3c. DATE S	IGNE
Daniel K. Od	ewars	12.00	Anda	ein)	Au.	1	1/2/5	
Aa. BURIAL, CREMA-   24b. DATE		24c. NAME OF CEMETERY Shiloh Ce	OR CREMATORY		ion (City, town teau Con		y) (8	tate)
DATE REC'D BY LOCAL REGISTRAR	S SIGNATURE		25 FUNERAL DIREC	TOR'S SI		ADD	ness liforn	ia
7-01 17-h	<u>. v-040</u>	<i>f q</i>	stement on Reverse Sid			, va.	MO_	] =



## 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
#1 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	*********
working under my personal supervision.	Student Embalmer No

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.