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d. FILL NAME OF (If as to bounded to substitution, give steads address or location) ADDRESS Grant Committee Committee		RMAN TOWNS		TOWN RURAL SHERMAN TOWNSHIP			
NAME OF BUREAU DEATH DESCRIPTION POWERSVILLE POWERSVILLE POWERSVILLE POWERSVILLE AMA HAMILTON DEATH JUNE 10 1950 1.5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, WITDOWED DIVISION DEATH WITTE BULSTIAL OCCUPATION (circhested of exit conditions used of work closue during most of working life, wrent if without) HOUSEWIFE 100. LIVIAL OCCUPATION (circhested of exit conditions used to work closue during most of working life, wrent if without) HOUSEWIFE 100. LIVIAL OCCUPATION (circhested of exit conditions used to work closue during most of working life, wrent if without) HOUSEWIFE 100. LIVIAL OCCUPATION (circhested of exit conditions used to work closue during most of working life, wrent if without) 100. LIVIAL OCCUPATION (circhested of exit conditions used to work closue of service) 100. LIVIAL OCCUPATION (circhested of exit conditions used to work conditions, and the exit conditions used to work conditions used to work conditions. If the exit conditions used to work conditions, and the exit conditions used to work conditions, and the exit conditions used to work conditions. If the exit conditions used to work conditions, and the exit conditions used to work conditions. If the exit conditions used to work conditions used to work conditions. If the exit conditions used to work conditions used to work conditions. If the exit conditions used to work conditions. If the	d. FULL NAME OF (If not in hospital or institution, give street address or location)			d, STREET (If runt, give location)			
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NO.	LORENZO DOW	MAHONEY	MARTHA DELAY		SAMUEL N HAMIL	TON	
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) *This does not mean the mode of dying, such abent fallive or complica- tion which caused death. 10. OTHER SIGNIFICANT CONDITIONS OF OPERA- TION 19a. DATE OF OPERA- TION 21a. ACCIDENT SIGNIFIC SIGN				17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS	
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SUICIDE home, farm, factory, street, office bldg., etc.)	19a. DATE OF OPERA- TION	196. MAJOR FINE	DINGS OF OPERATION	*1 2 4			
22. I hereby certify that I attended the deceased from May 11, 195, to fine 10, 1950, that I last saw the deceased alive on from 9, 1950, and that death occurred at I 300 Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) (State) BURIAL 1) DATE REG. (REGISTRAR'S SIGNATURE 246. NAME OF CEMETERY COMSTOCK FUNERAL HOME LINTONVILLE MO.	21a. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR 1	rownship) (County)	(STATE)	
alive on Frank 9, 1950, and that death occumed at 1500 Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b ADDRESS 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL 1) JUNE 12 1950 WEST LIBERTY CEMETERY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME BY W. Company OF COUNTY MISSOURI 25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME UNTONVILLE MO.	OF	(Day) (Year) C	WHILE AT NOT WHILE	21f. HOW DID INJURY	OCCURT	*	
24s. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Smalls) BURIAL 1) JUNE 12 1950 WEST LIBERTY CEMETERY PUTNAM COUNTY MISSOURI DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME BY W. Comment ON INTONVILLE, MO.	alive on	hat I attended to	O, and that death occurred at	I : 00 Am., (for th	•	ted above.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6-11-50 BURIAL 1) JUNE 12 19501 WEST LIBERTY CEMETERY PUTNAM COUNTY MISSOURI 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME BY S. W. Company UNITONVILLE, MO.	J.W.	MeD 24b. DATE	mald Do 2	Vorin	ville mo	6-19-56	
	BURIAL /) DATE REC'D BY LOCAL REG	JUNE I2 IREGISTRAR'S S		25. FUNERAL DIRECT	OR'S SIGNATURE NERAL HOME	ADDRESS	
	6-17-30	1 / 1000	(Licensed Embalmer's			V July By Billia	

RECEIVED District Health Officer No. 10 District File Number 6-50-1014 Dan Filed _____ JUN 2 0 1950.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
vorking under my personal supervision	Student Embalmer No

Student Embalmer

Licensed Embalmer No....

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.