	_ r	Registration District No	042 · Prin	many Panistration	District No. 10	00 Registrar's N	<sub>o.</sub> 283	STA	TE FILE NUM	ABER
MENDED		Registration District No  1. PLACE OF DEATH		nary Kegistration	District No			ceased lived. If i	institution: R	Pesidence bef
		a. COUNTY Buo	HANAN			11		OUNTY BUCH		admission)
		OR .	JOSEPH. MO.	SHIP only)	Length of stay in 1	li OR _	r. Joseph	- Mo-		Inside Limit
		c. FULL NAME OF (IF I	NOT in hospital, give loca		Inside Limits	d. STREET ADDRESS	(If	f cutside, give loca	ation)	Reside on Fa
	=	INSTITUTION 2	327 So. 11тн		Yes 🖈 No 🗆	]		11TH ST.		Yes No
		3. NAME OF DECEASED (Type or print)	First ETHEL	•	Middle LIVE E	Last BLAKLEY	4. DATE OF DEATH	Month MAR CH	7	1 962
	_	5. SEX FEMALE	6. COLOR OR RACE WH ITE	7. Married [ Widowed [				birthday) IF UND Month	DER 1 YEAR	IF UNDER 2
	-10	10a. USUAL OCCUPATION during most of workin	(Give kind of work done ng life, even if retired)		_	TRY 11. BIRTHPLACE	(City and state o			. I WHAT COUNT
	7	3a. FATHER'S NAME	ORK		OTHER'S MAIDEN NA		r, Missoul	R I USBAN	U.S.A.	
	_		HOMAS ROBERTS		MARTHA OCIAL SECURITY NO	. 17. INFORMANT		Address		
		(Yes, no, or unknown) (If	yes, give war or dates of	service)	NONE	<u> </u>	BRUNS-WA	THENA, KA		
	= <b>l</b> `	18. CAUSE OF DEATH	/Enter only one cause per	C ( (-)					INT	ERVAL BETWI
- 1   [국	يَّدُ	PART I.	(Enter only one cause per DEATH WAS CAUSED BY	(144	al make	he was ld	which	1	ON	SET AND DEA
	COMEN	PART I.	DEATH WAS CAUSED BY	(144	elnal	Hemon	strag	1	ON	36 P
	DOCUMENT	Conditio which go above o	IMMEDIATE CAUSE (a cons, if eny, ) DUE TO (t cause (a),	O CLA	ielmal	Hemor	strag	<u>.                                    </u>	ON	3 6 P
		Condition which graphs above to stating to lying continuous contin	ons, if any, pave rise to cause (a), the under-cause last. DUE TO (i	(c)	ulnak	ATH but not related	shaq	PART III. If	deceased w	SET AND DEA
1100		Condition which graphs above to stating to lying continuous contin	IMMEDIATE CAUSE (a cons, if any, ) DUE TO (b cause (a), the under-	(c)	ulnak	ATH but not related	shaq		deceased v	Was female
	ICATION	Condition which go above of stating to lying company to the part II.	ons, if eny, pave rise to cause (a), the under-lause last. Due TO (i	b)CLA	NTRIBUTING TO DE	ATH but not related		ther	deceased we a pregnand	was female cy in last 90
		Condition which go above to stating the stating of	IMMEDIATE CAUSE (a ons, if any, pave rise to cause (a), the under- tause last. DUE TO (cause last.)  OTHER SIGNIFICANT Cause condition given	(c)	NTRIBUTING TO DE			ther	deceased we a pregnand	was female cy in last 90
	MEDICAL CERTIFICATION	Condition which go above a stating a lying condition which go stating a lying condition with the condition which go above the condition which go are conditionally a condition which go above the condition which go above	IMMEDIATE CAUSE (a  ons, if eny, pave rise to cause (a), the under- cause last.)  DUE TO (i  OTHER SIGNIFICANT C disease condition given  20a. ACCIDENT SUICID  Month, Day, Year	(c)	ONTRIBUTING TO DE	HOW INJURY OCCURRI	ED. (Enter nature d	of injury in PART I	deceased version or PART II c	was female cy in last 90 lo Unk
	CAL CERTIFICATION	Condition which go above of stating 1 lying of PART II.  19. WAS AUTOPSY PERFORMED? YES NO 200. TIME OF Hour	IMMEDIATE CAUSE (a  ons, if any, pave rise to cause (a), the under- cause last. DUE TO (in the under- cause	b)  (c)  CONDITIONS COI  IN PART I (a)  E HOMICIDE	NTRIBUTING TO DE	HOW INJURY OCCURRI	ED. (Enter nature d	ther	deceased version or PART II c	was female cy in last 90 lo Unk
	A MEDICAL CERTIFICATION	Condition which go above to starting the lying construction of the last of the	IMMEDIATE CAUSE (a  ons, if any, pave rise to cause (a), the under- cause last. DUE TO (in the under- cause	b)	20b. DESCRIBE I	20f. CITY, TOWN, O	OR LOCATION	of injury in PART I	deceased vers a pregnant vers NTY	was female cy in last 90 lo Unk of item 18.)
	WALL S, MREDICAL CERTIFICATION	Condition which graph which graph was autopsy performed?  19. WAS AUTOPSY PERFORMED? YES NO 20.  20c. TIME OF Hour INJURY e.m., p.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT VORK NOT WHILE AT V	IMMEDIATE CAUSE (a  ons, if any, pave rise to cause (a), the under- cause last. DUE TO (in the under- cause	b)  CONDITIONS COINTIONS C	20b. DESCRIBE I	20f. CITY, TOWN, of the date stated above	OR LOCATION	of injury in PART I	deceased very a pregnance very large No.	was female cy in last 90 lo Unk of item 18.)
	SVA1LS, MREDICAL CERTIFICATION	Condition which graph which graph was autopsy types of the control	IMMEDIATE CAUSE (a  ons, if any, pave rise to cause (a), the under- cause last.  OTHER SIGNIFICANT Codisease condition given  20a. ACCIDENT SUICID  Month, Day, Year  ED	b)  CONDITIONS COLING PART I (a)  E OF INJURY (e.g factory, street, of	20b. DESCRIBE I	20f. CITY, TOWN, Control of the date stated above	OR LOCATION  OR LOCATION  And last saw her and last saw her and to the best	could be finitely in PART I	deceased vere a pregnance Yes NTY	was female cy in last 90 lo Unk of item 18.)  STA1  22c. DATE SI
	SVA1LS, MREDICAL CERTIFICATION	Condition which graph which graph was autopsy for the performed at the performance of the	IMMEDIATE CAUSE (a  ons, if any, lave rise to cause (a), the under- cause last.  OTHER SIGNIFICANT Codisease condition given  20a. ACCIDENT SUICID  Month, Day, Year  ED 20e. PLACE farm, work  ED 22. 55 P. M.  23b. DATE	c)  CONDITIONS COINTIONS C	20b. DESCRIBE I	20f. CHTY, TOWN, of the date stated above	OR LOCATION  And to the best  23d. LOCATION	could be finitely in PART I	deceased were a pregnant Yes No PART II co	was female cy in last 90 lo Unk of item 18.)
A SEEDA VIT OF	A HELDAVIT OF WALL S, MADICAL CERTIFICATION	Condition which go above to stating above to stating a lying to PART II.  19. WAS AUTOPSY PERFORMED? YES NO DO NO NO NO NO WHILE AT WORK NOT WHILE WHILE WHILE WHILE WHILE WHI	DUE TO (III)  Inspect of cause (a), the under- cause last.  DUE TO (III)  Annual Cause (a), the under- cause last.  DUE TO (III)  DUE TO (III)  DUE TO (III)  ANDUAL CAUSE  DUE TO (III)  DUE TO (III)  DUE TO (III)  ANDUAL CAUSE  DUE TO (III)  ANDUAL CAUSE  DUE TO (III)  DUE TO (III)	c)  CONDITIONS COINTIONS C	20b. DESCRIBE I	20f. CITY, TOWN, of the date stated above ADDRESS CREMATORY ETERY PATE RECD. BY LOCAL	OR LOCATION  OR LOCATION  and last saw her thing, and to the best  23d. LOCATION  WATHEN	COULABILITY OF INTUITY OF MY KNOWLEDGE,  (City, town, or co	deceased vere a pregnance yes NTY  NTY  from the cau	was female cy in last 90 lo Uniof item 18.)  STA  22c. DATE 5

## STATEMENT BY LICENSED EMBALMER

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n contract

 $m{v}^{(2)} = m{v}^{(2)} m{v}^{(2)} m{v}^{(2)} + m{v}^{(2)} m{v}^{(2)}$ 

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 $m{r} = m{r} + m{r$ 

or by		, Student Embalmer No	
working unde	er my personal supervision.		10 0 20 21.
Student	Signature of Student Embalmer	Signed	harles M. Harman
	Jigilaldie di Jibdelli Embalildi		Licensed Embalmer No. 4487
		¥	P. O. Address WATHENA, KANSAS
			1
Note:	The above MUST BE SIGNED BY	THE LICENSED EMBALM	ER in his OWN HANDWRITING. (Failure to comp
with the abov. احمد عد	ve constitutes grounds for revocation balmed by a STUDENT, he also shall	ot, license). Isian in his OWN bandw	riting
	body is not embalmed, fact should		**
			_ '