Exhibit 6

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4227
Do not use this space.

1. PLACE OF DEATH
(a) County Wash
(b) Township Breton
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 yr

Registration District No. 887
Primary Registration District No. 6179
Registered No.

2. PRINT FULL NAME Mildred Johnson
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 6 1924
7. AGE: YEARS 14 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SCHOOL CHILD
9. Industry or business in which work was done, as saw mill, bank, etc. but in Washington Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Frank Clay Mo.

FATHER
13. NAME Leo Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shirley Missouri

MOTHER
15. MAIDEN NAME Lorena Bone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knobluck, Mo.

17. INFORMANT (ADDRESS) Leo Johnson Washington County
18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Cemetery DATE Jan. 17 39
19. FUNERAL DIRECTOR (ADDRESS) Farmington Und Co. Farmington Mo.
20. FILED Jan 17, 1939 G. J. Cresswell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Jan 15, 1939
I last saw her alive on Jan 15, 1939 Death is said to have occurred on the date stated above, at 2 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/12/39
Common Cold	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John W Hunt, M. D.
(Address) Leadwood Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, C.H. Cozcan, Licensed Embalmer No. 4084

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed C.H. Cozcan

Licensed Embalmer No. 4084

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