155'6 JUL 17 15 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS PHYSICIANS should state CERTIFICATE OF DEATH 1. PLACE OF DE Do not use this space. (a) County. Registration District No...... (b) Township Primary Registration District No. Registered No...... City.... (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) ds. (f) How long in U.S., if of foreign birth? OCCUPATION 2. PRINT FULL (a) Residence, No... (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ä RCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND of** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at should 2. AGE YEARS MONTHS If LESS than 1 related causes of importance were as follows: day.hrs. ormin. 8. Trade, profession, or particular kind of 9. Industry or business in which work properly supplied. was done, as saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) occupation..... Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) What test confirmed diagnosis?..... Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT MLA (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, Nature of injury..... 24. Was disease or injury in any way related to 19. FUNERAL DIRECTOR (NAME If so, specify...... (ADDRESS) (Signed) (Licensed Embalmer's Statement on Reverse Élide)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the revers	e side of this certificat	e was embalmed by	me, or by
a nercely certainy that the body whose name is recorded on the terror		•	
	R	egistered Apprentice	No.
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working under my personal supervision.	D	Ω	,
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Signed Const Connentrage

Licensed Embalmer, No. 3368

P. O. Address Farmsonull

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp

with the above constitutes grounds for revocation of license.)

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