

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County GASCONADE

(c) City or town 'RURAL'
(If outside city or town limits, write "RURAL")

(d) Street No. BLAND ROUTE 2
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - day 21 -
year 1939 hour 2:00 AM minute M

21. I hereby certify that I attended the deceased from 4 - 12, 1939, to 9 - 16, 1939
that I last saw him alive on 9 - 16, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death:	Duration

Immediate cause of death	Duration
Cancer (Carinoma) of the Rectum Due to With rectal stricture	unk

Due to 116

Due to _____

Other conditions Chronic Constipation
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy _____ name _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____
(c) Means of injury _____

28. Signature [Signature] (M. D. or other) [M.D.]
Address [Address] Date signed 11/21

(Licensed Embalmer's Statement on Reverse Side)

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Milford H H Winter
Licensed Embalmer No. 3838
P. O. Address Quensville Mo

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, above space should be left blank.