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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940
262

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10814

Registration District No.

Primary Registration District No. 5364

Registrar's No.

1. PLACE OF DEATH:

(a) County De Kalb - Folk
(b) City or town Barren Fork
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all of life
years, months or days)

3. (a) PRINT
FULL NAME

Rupert B. Cruiser

3. (b) If veteran,

—

3. (c) Social Security

No. —

4. Sex

M.

5. Color or

race

W.

6. (a) Single, widowed, married,

divorced all above

6. (b) Name of husband or wife

May J. Cruiser

6. (c) Age of husband or wife if

alive — years

7. Birth date of deceased

Jan 11 1860

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

79

9

16

hr.

min.

9. Birthplace

Gentry Co Mo

(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Maximilian Cruiser

13. Birthplace

Barren Fork

(City, town, or county) (State or foreign country)

14. Maiden name

Barren Fork

15. Birthplace

Barren Fork

(City, town, or county) (State or foreign country)

16. (a) Informant

Rhodora Cruiser

(b) Address

Barren Fork Mo

17. (a)

Barren Fork

(b) Date of death

3-29-1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Barren Fork

18. (a) Signature of funeral director

A. J. Goggin

(b) Address

Barren Fork Mo

19. (a)

23

(b) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

De Kalb

(c) City or town

Rural

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

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

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Mar

day

27

year 1940

hour 3

minute 50 P.M.

21. I hereby certify that I attended the deceased from

Jan 1940 to Feb 27 1940

that I last saw him alive on Feb 25 1940

and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer Stomach 6 mths

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

(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)

(e) Means of injury

23. Signature

E. M. Kinnel

(M. D. or other) 1-40

Address

Union 220 Mo

Date signed 3-29-40

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.....

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

Signed.....

Licensed Embalmer No. 2563

P. O. Address King City 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10814

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 262

Primary Registration District No. 3364

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

- (a) County DeKalb
(b) City or town Park, Ind.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

Robert B. Aniser

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79

9

16

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-28-40

(Date received local registrar)

(b) E. M. Reynolds

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 3 day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(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)
(e) Means of injury _____

23. Signature E. M. Reynolds (M. D. or other)

Address Union Star Date signed _____

1940

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 35 million, and the number of people 75 years of age or older is projected to increase from 10 million to 15 million (U.S. Census Bureau, 1996).

$$\begin{aligned} \frac{1}{2} \frac{d}{dt} \int_{\mathbb{R}^d} |u|^2 dx &= \int_{\mathbb{R}^d} u \frac{du}{dt} dx \\ &= \int_{\mathbb{R}^d} u \left(-\frac{1}{2} \Delta u + \frac{1}{2} |\nabla u|^2 - \frac{1}{2} u^2 \right) dx \\ &= -\frac{1}{2} \int_{\mathbb{R}^d} u \Delta u dx + \frac{1}{2} \int_{\mathbb{R}^d} u |\nabla u|^2 dx - \frac{1}{2} \int_{\mathbb{R}^d} u^3 dx \\ &= \frac{1}{2} \int_{\mathbb{R}^d} |\nabla u|^2 dx - \frac{1}{2} \int_{\mathbb{R}^d} u^3 dx \end{aligned}$$
[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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10. The Commission has been informed that the Government of the Republic of the Philippines has agreed to accept the findings and recommendations of the Commission in the case of the late President Ferdinand E. Marcos.

$$\begin{aligned} & \text{and } \lim_{n \rightarrow \infty} \frac{1}{n} \sum_{i=1}^n \log \frac{f_i}{f} = 0 \text{ a.s.} \\ & \text{and } \lim_{n \rightarrow \infty} \frac{1}{n} \sum_{i=1}^n \log \frac{f_i}{f} = 0 \text{ a.s.} \end{aligned}$$
[illegible]
$$\begin{aligned}
 & \text{where } \mathbf{A} = \begin{bmatrix} \mathbf{A}_1 & \mathbf{0} \\ \mathbf{0} & \mathbf{A}_2 \end{bmatrix}, \quad \mathbf{A}_1 = \begin{bmatrix} \mathbf{A}_{11} & \mathbf{A}_{12} \\ \mathbf{A}_{21} & \mathbf{A}_{22} \end{bmatrix}, \quad \mathbf{A}_2 = \begin{bmatrix} \mathbf{A}_{33} & \mathbf{A}_{34} \\ \mathbf{A}_{43} & \mathbf{A}_{44} \end{bmatrix}, \\
 & \text{and } \mathbf{B} = \begin{bmatrix} \mathbf{B}_1 & \mathbf{0} \\ \mathbf{0} & \mathbf{B}_2 \end{bmatrix}, \quad \mathbf{B}_1 = \begin{bmatrix} \mathbf{B}_{11} & \mathbf{B}_{12} \\ \mathbf{B}_{21} & \mathbf{B}_{22} \end{bmatrix}, \quad \mathbf{B}_2 = \begin{bmatrix} \mathbf{B}_{33} & \mathbf{B}_{34} \\ \mathbf{B}_{43} & \mathbf{B}_{44} \end{bmatrix}.
 \end{aligned}$$
$$\begin{aligned} \alpha_1(x) &= (1 - \alpha_0(x))^{1/2} \exp\left(\frac{1}{2} \log \frac{1}{1 - \alpha_0(x)}\right) \\ &= (1 - \alpha_0(x))^{1/2} \exp\left(\frac{1}{2} \log \frac{1}{1 - \alpha_0(x)}\right) \end{aligned} \quad (1)$$

1. *Chrysomelidae* (10)