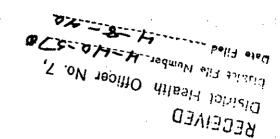
٦.،	DEPARTMENT OF COMMERCE MISSOURI STATE B BURBAU OF THE CENSUS STANDARD CERTIF	
portant	Registration District No. Primary Registration District	ϵLH
Roy. 6-17-39 Roy. 6-17-39 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	1. PLACE OF DEATH: (a) County ACLEDE (b) City or. town. (If outside city or townlimits, write "RURAL" and name of township) (c) Name of hospital or institution. (If not in hospital or institution. (If not not not not not not not not not	2. USUAL RESIDENCE OF DECRASED: (a) State



STATEMENT.	DV	LICENSED	EMBAIMED

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.

P. O. Address.

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.

lo. 2B -21- 40 X22659		BOARD OF HEALTH FICATE OF DEATH State File No. 1/4	16
	Registration District No	trict No	
PERMANENT RECORD	1. PLACE OF DECH: (a) County (b) City or town (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)	2. USUAL RESIDENCE OF DECEASED: (a) State	de)
. I	(d) Length of stay: In hospital or institution	(If rural, give location)	
-MAKE A PERN	3. (a) PRINT Color (a) Social Security No	(c) If foreign born, how from U. A.?	••••••
INK	4. Sex race divorced divorced 6. (b) Name of husband or wife 6. (c) Age of husband, or wife, in alive year	math last saw halive on	
DING BLACK	7. Birth date of deceased	: 11	
-USE UNFADING	9. Birthplace (City, town, or county) 10. Usual occupation. 11. Industry or business.	Major findings:	PHYSICIAN
PLAINLY	12. Name	Of autopsy	Underline he cause to which death hould be harged sta- istically.
WRITE	15. Birthplace	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	(State)
	(c) Place: burial or cremation. 18. (a) Signature of funeral director. (b) Address	While at work? (Specify type of place) While at work? (4) Means of injury. 23. Signature C. Classon M.D. or other controls of the control o	er)

11476 (1940)

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