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	DEPARTMENT OF COMMERCE AND MISSOURI STATE E	4 1 (7 T M7 /4
[BUREAU OF THE SEPT 16 1993 STANDARD CERTII	FICATE OF DEATH State Pile No. 28159
# B 로	Vicinia Carrier and Aller	
필요	Registration District No. Primary Registration Distr	tet No. 3069 Registrar's No. 282
INS should sta s very importar	1 DY ACTO OF THATTY	La VOULL PROPERTION OF PROPERTY.
13 E	1. PLACE OR DEATH:	2. USUAL RESIDENCE OF DECEASED:
PHYSICIANS PATION is ver	(a) County apt Auraraeau	1 Carlo Carl
35.25	(b) City or town (Houtide after a term blatte make "PUPAL" and some of the public	(a) State (b) County
	(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or infititution:	women lake the scale
S E	Southeast Hospital.	(c) City or town (If outside city or town limits, write "RURAL")
OCCUPATION	(If not in hospital or institution, write street number or (leation)	
ı	(d) Length of stay: In hospital or institution 6	(d) Street No
불입	In this community 18 240. (Specify whether	(11 Idia) Briandino
statement of OCC	years, months or days)	(c) If foreign born, how long in U. S. A.?
2 2	3 (a) PRINT (D)	MEDICAL CERTIFICATION
XX	8. (a) PRINT Orlando bool Idame.	Q 15 15 13
T E	8. (b) If veteran, 8. (c) Social Security	20. DATE OF DEATH: Month Cong 35 day 1940
stated EX/		year hour \/ \frac{\mathcal{J}}{\mathcal{D}} \text{minute } \(\mathcal{Q}_1 \) M.
st st	name war	21. I hereby certify that I attended the deceased from May 20
ıld be Exact	5. Color or 6. (a) Single, widowed, marrieds	100 to aug 25 1000
무쫎	4. Sex Male race whele divorced making	
	1	that I last saw h 1970,
e g	6. (c) Age of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.
AGE should be assified. Exact	aliye aliye	Immediate cause of death
supplied. AGE shoroperly classified.	7. Birth date of deceased June 25 1858	Carenova The se king 17 100
- G	(Month) (Day) (Year)	
carefully supplied. t may be properly o	8. AGE: Years Months Days If less than one day	Due to
윤 현		
	82 2 hrmin.	
ould be carefully so that it may be	70.00	Due to
1 8 GP	9. Birthplace (City, town, or county) (State or foreign country)	
ᇩᄄ		Other conditions
	10. Usual occupation of acceptance of the state of the st	(Include pregnancy within 3 months of death)
d d	11. Industry or business	PHYSICIAN
ğ 6	E ∫ 12. Name	Major findings:
should be s, so that	E{ '	Underline the cause to
E E	(State or foreign country)	which death should be
E SE	🛱 (14. Maiden name	Ot satopsy charged sta-
E =	P	tistically.
of information K in plain term	5 15. Birthplace (City, town, or county) (Style or foreign country)	22. If death was due to external causes, fill in the following:
[분투	16. (a) Informant's own signature, Ella Udamo	(a) Accident, suicide, or homicide (specify)
	1021-700 (my 41, m, 10m; m)	(b) Date of occurrence
Fe l	(b) Address 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(c) Where did injury occur?
	17. (a) Surial, cremation, or removal) (Manta)	(City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Svery item of information sh OF DEATH in plain terms,		(d) Did injury occur in or about nome, on farm, in industrial place, in public places.
[설었다	(c) Place: burial or cremation	
	18. (a) Signature of funeral director	While at work? (Specify type of place) While at work? (c) Means of injury
N. B.—Every item CAUSE OF DEAT	(b) Address are the though no	28. Signature Land Of Stacker (M. D. orothor)
ZU	19. (a) 8-21-40 (b) Xm Thompsen	S/share
	(Date received local registrar) (Registrar's alguntum	Address Date signed AQ To
Į	(Licensed Embalmer's Ste	stement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

P. O. Address.

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.	
•	Licensed Embainer No	

the above constitutes grounds for revocation of license.)

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