BUREAU OF VITAL STATISTICS	MISSOURI STATE	BOARD OF HEALTH
(b) Township	AUG 19 PAGE OF DEATH	VITAL STATISTICS CATE OF DEATH Do not use this place.
(c) Lingth of residence in city or town where death occurred by Ta. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of foreign birth? yra. mos. ds. (f) Elow long in U.S., if of the U.S. if of U.S.	(b) Township VER BUTEN, MO. Primary Registrat	tion District No. 8 205 Registered No.
(a) Residence, No	(c) City (d) Street No. (If death (e) Length of residence in city or town where death occurred yrs. ma	occurred in Hospital of Institution, write its name instead of street and number) os. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
3. SEX A COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(a) Residence, No. UZN BUTEN MO.	s.
Female White Divorce (write the word) 5A. IF MARRIED, White WI Q Wed 5A. IF MARRIED, White O'CON ON DIVORCED (WILL ON DIVORCED (OR) WIFE OF (OR) W	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SA. IF MARRIELD, WISOVER, OR DIVORCED HUSEAND OF CORN WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAWA, 1847, 1877 7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. min. 8. Trade, profession, or particular kind of you see with the work done, as saw reit, bookseeper, etc. 19. Interest of the principal cause of death and related causes of importance were as work done, as saw mill, bank, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date decessed last worked at this occupation (month and year) occupation. 11. Total time (yearn) spent in this occupation (month and year) occupation. 12. BIRTHPLACE (CITY OR TOWN) PA de note of operation which was done, as saw mill, bank, etc. 13. NAME UNANDUSC THE NAME NAME OF TOWN (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) And the name of operation Date of (Mart OR COUNTRY) 15. MAIDEN NAME UNANDUSC THE STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN) THE NAME OF TOWN (STATE OR COUNTRY) 17. INFORMANT AND	DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) See 15 . 19 4
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WARRINGTON THE EXCUSSIONS FRADAL MED

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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 A allen blamis,	
	Licensed Embalmer No. 4053	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor with the above constitutes grounds for revocation of license.)

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