lo. 2	DEPARTMENT OF COMMERCE : MISSOURI STATE I	BOARD OF HEALTH 3642		
-13-40 17-39	, mesocki state		"و ک	
X23159	SIMILARD CERTI	STANDARD CERTIFICATE OF DEATH State File No		
	Registration District No Primary Registration Dist	rict No. Registrar's No. 2	032	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
'	(a) County 5.7: Lo U 1 5		•	
RECORD	(b) City or town University City	(a) State 17715 300 R1' (b) County 57 LOUI	3	
Ä	(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town 47 / CES - Ty (- Ty (If outside city or town limits, write "BURAL")		
	(If not in hospital or institution, write street number or location)		2")	
EN	(d) Length of stay: In hospital or institution	(d) Street No. 2015 TRASORKE (If rural, give location)	***************************************	
PERMANENT	In this community 6 MG. (Specify whether	# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
₹	years, months or days)	(e) If foreign born, how long in U. S. A.?	уеать.	
PE	3. (a) PRINT GRACE GARONER	MEDICAL CERTIFICATION		
< │		20. DATE OF DEATH: Month Color day 2	-	
X E	3. (b) If veteran, 3. (c) Social Security name war No. No. No.	year (7 7 hour 7 minute 2	м.	
MAKE		21. I hereby certify that I attended the deceased from		
! !	5. Color or 4. Sex FRMALE race While divorced 11 BRRIED	, 19, to	, 19;	
INK	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	;	
	WILLARD, T. GARONER alive 55 years	Immediate cause of death	Duration	
5	7. Birth date of deceased November 23 1895	Orman ording	15/2/	
<u> E</u>	(Month) (Day) (Year)	1	129/98	
ان	8. AGE: Years Months Days If less than one day	Due to.	······································	
, Z	14 4 11 5 hr. min	<u> </u>	****	
¥.	Vancac	Due to		
UNFADING BLACK	9. Birthplace (City, town, or county)			
	10. Usual occupation Flous E. WORK. 4	Other conditions. (Include pregnancy within 3 months of death)		
USE	11. Industry or business.	(Amend programs) within a months of descript	PHYSICIAN	
	S 12. Name JOHN VETETO	Major findings: Of operations		
	13. Birthplace UNKnown	-	Underline the cause to	
T T	(City, town, or county) (State or foreign country)	Of autopsy	which death should be	
WRITE PLAINLY	5) 15. Birthplace UN Known		charged sta- tistically.	
	(City, town, of county) (State or foreign country)	22. If death was due to external causes, fill in the following:		
	16. (a) Informant William Justille	(s) Accident, suicide, or homicide (specify)		
	(b) Address 1304 So. 2# 81. ST LOUIS	(b) Date of occurrence		
	17. (a) (Hurial, cremation, or removal) (b) Date thereof (O) 79-80 (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County)	(State)	
l İ	(c) Place: burial or cremation WALTERS OKLA	(d) Did injury occur in or about home, on farm, in industrial place, in	i public placer	
	18. (a) Signature of Juneral director BRUMANN DRAS	While at work? (Specify type of place) (c) Means of injury	············	
Į	(b) Address Orok LANU MISSOVAI	Od Demilla	E.	
	19. (a) OT 19. (b) K: //WW // O N. (Refutry's distance)	23. Signature 104 (M. D. og		
		Address Date eig	- /	
	(Licensed Emissiner's Statement on Roverse 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					
	, R	egistered Apprentice No			
orking under my personal supervision.		_			

Oscar F. Mueller

Licensed Embalmer No.

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

If this body is not embalmed, fact should be so stated above.