. <b>.</b>	5 Jones EC	E		ITAL STATISTICS	_/	3996	_
1. PLACE OF DEAT	5 Jours Cl	1000	Bodensko Blee	845	¯ , L	Do not use this sp	sce.
(a) County(b) Township	Zuth	44	Registration Distr Primary Registrati	1-1-		egistered No	
(c) Clty		2	· ·	VII 1/104 114 11VIIII 11 11 11 11 11 11 11 11 11 11 11 11	15	egistered No	***********
• • •	ence in city or town whe		(If death	occurred in Hospital or Institu ds. (f) Howlong in			i numb mos.
· · ·	CJ.	2.16	, , /	7	<i>F</i>	viga ou au.	
2. PRINT FULL NA	722 to S		このへ			***************************************	
(a) Residence, No	(Usual place of abod		ddless, write count	y or city)		t, give city or town and f	State)
PERSONAL	AND STATISTIC	AL PARTI	CULARS	MEDICAL	. CERTIFIC	CATE OF DEATH	
3. SEX 1 4.	COLOR OR RAME   5.	SINGLE, MARRI DIVORCED_(Wr	ED, WIDOWED, OR	21. DATE OF DEATH (MON	FU DAY AND VE	AR) Nov 3	
Male (	white u	بسيك	see the world)	- 22. I HEREBY		,	<del>`</del>
A. IF MARRIED, WIDOWE	D, OR DIVORCED	<u>:</u> /	1	Oct	1040,	Lar 3	10CERSE
ALLE (OB) WIFE OF	1 ollie/3	mh	<u> </u>	I last saw h alive on	Zest	3 1970	Death
6. DATE OF BIRTH (M		m 2 ,	1854	to have occurred on the da	te stated abov	e, a/O/3/m	
7. AGE YEARS	Months V	DAYS	If LESS than 1 day,hrs.	The principal cause of dea	th and related	causes of importance we	_
مع ق	1/9/1		ormin.	Hydrother	rugh		Pale Co
O work done, ass	on, or particular kind of awyer, bookkeeper, etc.		***************************************	arterio	Scher	-ri	9,
9. Industry or but was done, as	siness in which work saw mill, bank, etc	none		Milted In	suffe	eoney	i!
10. Date deceased this occupation		spenti	time (years) in this ition		Jo	/	
	1.7	1/1	0	Other contributory causes	of importance:		
12. BIRTHPLACE (erty (STATE OR COUNTR		16.	$\neg \cup$ , $\cap$			MAP	
E 13. NAME PO	1.7.13.00	1	- 7			y o	
Ī		1/	<u>, 1</u>	-			
14. BIRTHPLACE (C	NTRY)			Name of operation			
<u> </u>	Do il 1	now		What test confirmed diagno			
I 15. MAIDEN NAME	Ω-	TR		23. If death was due to ex Accident, suicide, or homici		•	
0 16. BIRTHPLACE (C		~~ / ~~	~~~	Where did injury occur?			
<del>'</del>	A R		1	Specify whether injury occ		city or town, county, and ry, in home, or in public p	
17. INFORMANT (ADDRESS)	Peals	Bui	~ ~~				
18. BURIAL, CREMAZI	ON, OR REMOVAL	1 700	- k	Manner of injury			
nters who	me / Cemelal	DATE	19.2	24. Was disease or injury i		ted to occupation of dece	, 7
19. FUNERAL DIRECT	OR (NAME) MILES H	Eltino	Lullo	If so, specify	2)		
(ADDRESS)	als sper	<u> ving Ni</u>	~w	(Signed)	She	mate	
20. FILED	7	4		// 2(Address)	<i>(</i> , )	$\sim$	<b>'</b> ,

RECEIVED  District Health Officer No. 6,
District File Number 11110-2949
Date Filed

,		w	
STATEM	ENT BY	LICENSED	<b>EMBALMER</b>

I hereby certif	hat the body whose name is recorded on the reverse side of this certificate was embalmed by me,
***************************************	, or by
Registered Appren	No, working under my personal supervision.

Licensed Embalmer No.....

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.

S. No. 2B ---2-21-40

DEPARTMENT OF COMMERCE BURHAU OF THE CENSUS,
Registration District No. 8 43
1. PLACE OF DEATHS
(a) County Jone
(b) City or town (If outside city or town
(c) Name of hospital or institution:
(If not in hospital or institut
(d) Length of stay: In hospital or i
In this community

## MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

. , , , ,	110		C/ 111	L ()	DL,	٠,
		*		/ /	20	
Primary	Registratio	n Distric	t No	61	$\mathcal{O}X$	

2. USUAL RESIDENCE OF DECEASED:

State File No. 39964
Registrar's No

(b) City or town. (If ordital city or town is linking, with a "RUNAL" and name of township) (c) Name of hospital or institution.  (d) Length of stay: In hospital or institution. (Specify whether years, mentals or days)  3. (c) PRINT  3. (c) FRINT  3. (c) Social Security name war.  4. Sex.  1. (a) PRINT  5. Color or 10. (A) Single, widowed, parried, divorced ldl.  4. Sex.  1. (b) Name of husband or wife.  6. (c) Age of husband, or wife, if least than of wife years, country.  7. Birth date of deceased.  (Mosth) (Day) (yas)  8. AGE: Years Months Days If less than of whether the cause of death.  9. Birthplace.  (City, town, or country)  10. Usual occupation.  11. Industry or business.  (City, town, or country)  12. Name.  13. Birthplace  (City, town, or country)  (State or foreign country)  (Business foreign country)  (City, town, or country)  (City, town, or country)  (Business foreign country)  (City for town.  (If routaide city or town limits writs "RURAL")  (d) City or town.  (If routaide city or town limits writs "RURAL")  (d) Street No.  (If foreign born, how form, low form, how fo	(b) City or town (If onticide city or town limits, write "RURAL" and name of township)  (c) Name of hospital or institution.  (d) Length of stay: In hospital or institution.  (d) Siret No.  (i) Street No.  (ii) If oreign born, how Image Williams of the part of the	(a) County / Cone		
(C) Name of hospital or institution.  (If out in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution.  (Specify whether years, make or days)  3. (a) PRINTING Lambour James Ja	(c) Name of hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. (Specify whether parts, master or days)  3. (a) PRINT 3. (b) If the community.  3. (c) PRINT 1. No.  3. (c) PRINT 2. No.  4. Sex.  5. Color or,  6. (a) Single, widowed, parried, divorced. Min.  6. (b) Name of husband or wife.  6. (c) Age of husband, or wife. if last saw h. slive on.  7. Birth date of deceased.  (Menth)  9. Birthplace.  (City, town, or county)  11. Industry or business.  (City, town, or county)  12. Is Birthplace. (City, town, or county)  13. (Shate or foreign country)  14. Maiden name.  (City, town, or county)  (State or foreign country)  (State or foreign country)  (Burial, cremation, or renoval)  (Burial, cremation, or renoval)  (Burial, cremation, or renoval)  (Burial, cremation, or renoval)  (Conty) (August)  (Conty) (Cuty or town.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If outside city or town limits write "RURAL")  (d) Street No.  (If or the n	11	(a) State	
(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. (Spedfy whether years, months of design of the community, years, months or design of the community.  3. (a) PRINT FULL NAME Community.  4. Sex In race (L) divorced (Much alive year).  5. Color or divorced (Much alive year).  6. (b) Name of husband or wife. (c) Age of husband, or wife, if alive year.  7. Birth date of deceased. (Month) (Day) (Year).  8. AGE: Years Months Days If less than on toy of the community.  9. Birthplace. (City, town, or county) (State or foreign country).  10. Usual occupation. (City, town, or county) (State or foreign country).  11. Industry or business. (City, town, or county) (State or foreign country).  12. If death was due to external causes, fill in the following: (a) Address.  13. Birthplace. (City, town, or country) (State or foreign country). (Month) (Day) (Year) (Day address.)  14. Malden name. (City, town, or country) (State or foreign country). (State or foreign country). (B) Address.  15. (a) Informant (D) Date thereof (Month) (Day) (Year) (D) Address.  16. (b) Address.  17. (c) (Borsid, cremation, or removal). (State or foreign country). (State) (Month) (Day) (Year) (Country) (State). (City or town) (Country) (State). (Country) (State). (City or town) (Country) (State). (Country) (State). (Country) (State). (Country) (State). (Country) (Country) (City or town) (Country) (Country) (City or town) (Country) (Country) (City or town) (Country) (City or town) (Country) (City or town) (Country) (City or town) (Country) (City or town) (Country) (City or place) (City or town) (Country) (City or town) (City or	(If not in beophtal or institution, write street number or location) (d) Length of stay: In hospital or institution.  (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) Street No.  (If routside city or town limits write "RURAL") (d) If foreign born, how form 10. A.7  years	(If outside city or town limits, write "RURAL" and name of township)		
(d) Length of stay: In hospital or institution.  In this community.  3. (a) PRINT personal constance of the	(d) Length of stay: In hospital or institution.  In this community.  3. (a) FRIST FULL NAMP Land Mark 1.  5. Color or, name war.  6. (c) Single, widowed, parried, name war.  6. (b) Name of husband or wife.  6. (c) Age of husband, or wife.  7. Birth date of deceased  (Month)  9. Birthplace  (City, town, or county)  10. Usual occupation  11. Industry or business.  (City, town, or county)  12. Is Birthplace  (City, town, or county)  (State or foreign country)  13. Birthplace  (City, town, or county)  (State or foreign country)  14. Maiden name.  (City, town, or county)  (State or foreign country)  15. Birthplace  (City, town, or county)  (State or foreign country)  (State or foreign country)  (Ghrish, cremation, or removal)  (Bariah, cremation, or removal)  (By Jack burden)  (City, town, or country)  (State or foreign country)  (State or foreign country)  (Ghrish, cremation, or removal)  (By Jack burden)  (City, town, or country)  (State or foreign country)  (Ghrish, cremation, or removal)  (Bariah, cremation, or removal)  (By Jack burden)  (City or town)  (County)  (State)  (County)  (State)  (City or town)  (County)  (State)  (County)  (State)  (City or town)  (County)  (County)	(v) The state of t	(If outside city or town limits write "RURAL")	**********
In this community	In this community   1	(If not in hospital or institution, write street number or location)		
In this community, years, makin to reason)  3. (a) PRICT FULL NAMP Community M.  3. (b) If veteran, name war.  5. Color or, 6. (a) Single, widowed, parried, divorced Mode, nalive year  7. Birth date of deceased. (Month) (Day) (Month)  9. Birthplace. (City, town, or county)  10. Usual occupation.  11. Industry or business  12. Name. (City, town, or county)  13. Birthplace. (City, town, or county)  14. Malden name. (City, town, or county)  15. Birthplace. (City, town, or county)  16. (a) Informant. (b) Address  17. (a) (Burial, evanuation, or removal) (b) Date thereof. (Month) (Day) (Year) (C) Place: burial or cremoval) (b) Date thereof. (Month) (Day) (Year) (c) Place: burial or cremoval) (b) Address  17. (a) (b) Address (c) Place: burial or cremoval) (b) Address (c) Signature of funeral director. (b) Address (c) Signature of funeral director. (c) Month Day (d) Month Day (d	In this community, years, mosths or days)  3. (a) PRINT FULL NAMB Community  3. (b) If vectars, name war.  3. (c) Social Security No.  5. Color or, fo. (a) Single, widowed, parried, divorced Muc.  6. (a) Same of husband or wife.  6. (b) Age of husband or wife.  6. (c) Age of husband, or wife, if here is the date of deceased.  (Month)  (Day)  (Day)  (Day)  (Day)  (Day)  Due to.  Due to.  Other conditions.  (Industry or business.  (City, town, or county)  (State or foreign country)  (State or foreign country)  (A) Address.  (B) Address.  (City, town, or county)  (Burish, creamation, or removal)  (City, town, or county)  (City or town)  (City, town, or county)  (City or town)  (City or town)  (City or town)  (City, town, or county)  (City, town, or county)  (City or town)  (City or town)  (City or town)  (City or town)  (City or town)	(d) Length of stay: In hospital or institution	(d) Street No.	
3. (a) FRIKT FULL NAMP Lumbru W Darm 3. (b) If veteran, name war.  3. (c) Social Security No.  4. Sex D Social Security No.  5. Color or race (d) divorced Machine (divorced M	3. (a) PRINT 3. (b) If veteran, so (c) Social Security name war.  3. (c) Social Security No.  4. Sex	In this community	(11 mar, give marker)	
3. (b) If veteran, 3. (c) Social Security No. 3. (c) Social Security No. 4. Sex	3. (a) If veteran, a. (b) If veteran, a. (c) Social Security No. (c) Assert of the preparation of the prepar	years, months or days)	(e) If foreign born, how one in U. S. A.?	years
3. (c) Social Security No.  5. Color or race (divorced Unit) 6. (a) Single, widowed, shrried, divorced Unit 6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive years 7. Birth date of deceased (Month) (Day)  8. AGE: Years Months Days If less than obvery 10. Usual occupation 11. Industry or business  5. Color or race (Month) (Day)  8. AGE: Years Months Days If less than obvery 10. Usual occupation 11. Industry or business  6. (City, town, or county) 12. Name.  6. (City, town, or county) 13. Birthplace (City, town, or county) 14. Maiden name. 15. Birthplace (City, town, or county) 16. (a) Informant (b) Address 17. (a) (Burial, cremation, or removal) (c) Place: burial or cremation. 18. (a) Signature of funeral director. (City of town) (Day) (Vasar) (City of town) (County) (State) (County) (Month) (Day) (Vasar) (City of town) (County) (State) (County) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (County) (County) (County) (County) (County) (State) (County) (Cou	3. (b) If veteran. 3. (c) Social Security No.  5. Color or 4. Sex 7.  6. (a) Single, widowed, sharried, divorced U.C.  6. (b) Name of husband or wife.  6. (c) Age of husband, or wife, if alive.  7. Birth date of deceased.  (Month)  8. AGE: Years Months Days If less than on way  9. Birthplace.  (City, town, or county)  10. Usual occupation.  11. Industry or business.  21. 1 herely ceral; that I attended the deceased from 19. to 19. t	3. (6) PRINT Barnha Wm Barnha	1/ 2	
name war	name war    Sex   No.			М.
5. Color or, race	5. Color or, race of divorced without divorced without allowed, grarried, divorced without allowed and for wife.  6. (c) Name of husband or wife.  6. (c) Name of husband or wife.  8. AGE: Years Months Days If less than on they with the death of deceased (Month)  9. Birthplace.  (City, town, or county)  10. Usual occupation.  11. Industry or business.  12. Name.  (City, town, or county)  (State or foreign country)  13. Birthplace.  (City, town, or county)  (State or foreign country)  14. Maiden name.  (City, town, or county)  (State or foreign country)  15. (a) Informant.  (b) Address.  (c) Place: burial or cremation.  (b) Date thereof.  (City, town, or removal)  (c) Place: burial or cremation.  (b) Address.  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur?.  (c) Where did injury occur?.  (d) Did injury occur?.  (c) Where did injury occur?.  (d) Did injury occur?.  (c) Where did injury occur?.  (d) Did injury occur?.  (d) Did injury occur?.  (c) Where did injury occur?.  (d) Did injury occur?.  (d) Did injury occur?.  (d) Did injury occur?.  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (e) Where did injury occur?  (figure of uncertical director.  (figure occur in the date and hour stated above.  Duration in the date and hour stated above.  Duration in the da	name war No.		
6. (c) Age of husband, or wife, if alive year alive years alive years.  7. Birth date of deceased (Month) (Day) (Yar)  8. AGE: Years Months Days If less than on the date cause of death Duration  9. Birthplace (City, town, or county) (State or foreign country)  10. Usual occupation.  11. Industry or business (Include pregnacy within 3 months of death)  Major findings: Of operations.  12. Name (City, town, or county) (State or foreign country)  13. Birthplace (City, town, or county) (State or foreign country)  14. Maiden name (City, town, or county) (State or foreign country)  15. Birthplace (City, town, or county) (State or foreign country)  16. (a) Informant (b) Address (City, town, or removal) (Month) (Day) (Year)  (c) Place: burial or cremation.  (b) Address (b) Address (c) (West) (Month) (Day) (Year)  (c) Place: burial or cremation.  (d) Address (c) Place: burial or cremation.  (e) Address (f) (Month) (Day) (Year)  (f) Means of injury.  23. Signature of funeral director (f) Means of injury.  23. Signature of funeral director (f) Means of injury.  24. Signature of funeral director (f) Means of injury.  25. Signature of funeral director (f) Means of injury.  26. Means of injury.  27. Signature of funeral director (f) Means of injury.  28. AGE: Years Months Days If less than on the file of the	6. (c) Age of husband, or wife, if alive years alive years alive years (Month) (Day) (Yar)  8. AGE: Years Months Days If less than one toy in the date and hour stated above. Duration  9. Birthplace (City, town, or county) (State or foreign country)  10. Usual occupation.  11. Industry or business  Example 12. Name (City, town, or county) (State or foreign country)  14. Maiden name (City, town, or county) (State or foreign country)  15. Birthplace (City, town, or county) (State or foreign country)  16. (a) Informant.  (b) Address (City, town, or country) (State or foreign country)  (c) Place: burial or cremation.  (b) Date thereof (Month) (Day) (Year)  (c) Place: burial or cremation.  (d) Address (Signature of funeral director (Place) (Month) (Day) (Year)  (e) Address (Signature of funeral director (Place) (Month) (Day) (Year)  (f) Maddress (Signature of funeral director (Place) (Month) (Day) (Year)  (g) Maddress (Signature of funeral director (Place) (Month) (Day) (Year)  (g) Maddress (Signature of funeral director (Place) (Month) (Day) (Year)  (g) Maddress (Signature of funeral director (Place) (Month) (Day) (Year)  (g) Maddress (Month) (Day) (Month) (Day) (Year)  (g) Maddress (Month) (Day) (Month) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (		II • • • • • • • • • • • • • • • • • •	
alive year introduct cause of death.  7. Birth date of deceased (Month) (Day) (year)  8. AGE: Years Months Days If less than on May  9. Birthplace (City, town, or county) (She or foreign country)  10. Usual occupation (Include pregnancy within 3 months of death)  11. Industry or business (Include pregnancy within 3 months of death)  12. Name (City, town, or country) (State or foreign country)  13. Birthplace (City, town, or country) (State or foreign country)  14. Maiden name (City, town, or country) (State or foreign country)  15. Is Birthplace (City, town, or country) (State or foreign country)  16. (a) Informant (b) Address (City, town, or removal) (Date thereof. (Month) (Day) (Year)  (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (City or town) (Country) (Country) (City or town) (City or	alive year impositate cause of death.  7. Birth date of deceased (Month) (Doy) (Yeb)  8. AGE: Years Months Days If less than on May  9. Birthplace (City, town, or county) (State or foreign country)  10. Usual occupation (Includes pregnancy within 3 months of death)  11. Industry or business.  12. Name (City, town, or country) (State or foreign country)  13. Birthplace (City, town, or country) (State or foreign country)  14. Maiden name (City, town, or country) (State or foreign country)  15. Birthplace (City, town, or country) (State or foreign country)  16. (a) Informant (b) Address (City, town, or removal) (b) Date thereof (Month) (Day) (Year)  (c) Place: burial or cremation, or removal) (b) Date thereof (Month) (Day) (Year)  (b) Address (City town or removal) (Country) (State) (City or town) (Country) (City or town) (Country) (City or town) (City or town) (Country) (City or town) (City or t	11	that I last saw h alive on	9
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