No. 2 1-10-39		FICATE OF DEATH	607
17-39 (1) X214 (1)	PBH	State VI DE/ (1) 1 State File No.	
٠ ٠	II JAN 25 1941727 Registration District No. 1727 Primary Registration Dis	trict No. 5959. Registrar's No.	
7	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Ω	(a) County Ralls,	,	
201	(b) City of town Rural (Saltriver)	i(a) State Missouri (b) County Ralls.	
RECORD	(If outside city or town limits, writs "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town Rural (Saltriver)	
	(If not in hospital or Institution, write strest number or location)	(If outside city or town limits, write "RURAL"	")
E	(d) Length of stay: In hospital or institution (Specify whether	(d) Street No. (If rural, give location)	·····
NA	In this community		
PERMANENT	years, months or days)	(e) If foreign born, how long in U. S. A.?	уеать.
PE	8. (a) PRINT Unnamed.	MEDICAL CERTIFICATION	
A	3. (b) If veteran, 8. (c) Social Security		em <u>er</u>
3	name war No. None.	year 1940 hour 5:00 minute	A. M.
BLACK INK-MAKE	5. Color or 6. (a) Single, widowed, married.	21. I hereby certify that I attended the deceased from Bec. 1940, to Dec. 15	10.40
	4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.	that Hast sawh im alive on December, 15	19 40
	6. (b) Name of husband or wife	and that death occurred on the date and hour stated above.	19 23
	Childe alive years	Immediate cause of death	Duration
	7. Birth date of deceased December 15 1940 (Month) (Day) (Year)	Premature Birth	_
ည့	8. AGE: Years Months Days If less than one day	Due to	
á		15/1	
UNFADING	9. Birthplace Ralls County, Missouri	Due to.	
	(City, town, or county) (State or foreign country)	Other conditions.	-
USE	1	(Include pregnancy within 3 months of death)	
취	11. Industry or business	Major findings:	PHYSICIAM
× ,	Table 12 Name Daniel Webster Shoemate	Of operations	Underline
Z	[3] Birthplace Licking, Missouri		the cause to which death
WRITE PLAINLY	a 14. Maiden name Mary Katherine Wasson untro	Of autopsy	should be charged ets-
	15. Birthplace Laddonia, Missouri (City. town, or county)	22. If death was due to external causes, fill in the following:	tistically.
	16, (a) Informant Color town, or chanty (state or intering country)	(a) Accident, suicide, or homicide (specify)	
	(b) Address Perry Missuri	(b) Date of occurrence	
	17. (a) Burial (b) Date thereof 12/15/49	(c) Where did injury occur? (City or town) (County)	(State)
	(Burlai, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in	public place?
	(c) Place: burial or cremation Ferri Chapper. 18. (a) Signature of funeral director No Funeral Director	(Specify type of place)	
	(b) Address.	While it work? (Specify type of piece) (s) Means of injury.	/- -
į	19. (a) 1/2/41 (b) C. C. Wilker.	23. Signature (M. D. K	XXX.
	(Dateroceived local registrar) (liegistrar's signature)	Address perry Missouri Date sign	ed/2/4/
	(Licensed Embalmer's Ste	tement on Reverse Side)	

Data Filed	AN_Z	1941	
District File Numbe	1-	41	<u> 2 3</u>
District Health	Office	r No.	10
RECEIVED			40
(' ' '			

	FECTIVICED			
			•	

Licensed Embalmer No...

P. O. Address.....

I hereby certify that the body whose name is	recorded on the	reverse side	of this certi	ificate was	embalmed b	y me, or by
,				Registered	Apprentice	No
working under my personal supervision.		•			•	
e e	آ المسلم الشاعد الد		• •	ţ		

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

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