Registration District No. G.G. Primary Registration District No. G. Description of the control o	- .	DEPARTMENT OF COMMERCE STANDARD CERT	BOARD OF HEALTH IFICATE OF DEATH State File No.	75 ,
TO NOT A DATE OF DESTREY MONTH OF THE STATE	, ji	Registration District No	trict No. UHO Registrar's No. 9	
TO NOT A DATE OF DESTREY MONTH OF THE STATE	NS sho			80
TO NOT A DATE OF DESTREY MONTH OF THE STATE	RECO SICIAN ON is	(If outside city or town limits, writs "RURAL" and name of township (c) Name of hospital or institution:	(e) City or town.	
3. (c) PRINT FULL MAME Solution Solutio	NENT PHY UPATI	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(d) Street No.	·)
No. 4 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	CTLY.	In this community State	(e) If foreign born, how long in U. S. A.?	уевти.
A Sex Male of busheed ar wife Male of deceased of the country of t	2 1		1 / Way 2,6) 7)
NATIONAL ASSET FROM PROPERTY OF A SET PROPERTY O	MAKE De state ct state	name war No. 443-01-88	21. I hereby certify that I attended the deceased from	2) M.
The state of deceased (Manth) (Chay) (Year) 8. AGE: Years Months Days If less than one day 9. Birthplace (City, topfs, or county) (State or foreign country) 10. Usual occupations (City, topfs, or county) (State or foreign country) 11. Industry or business (City, topfs, or county) (State or foreign country) 12. Name March (State or foreign country) 13. Birthplace (City, topfs, or country) 14. Maiden name (City, topfs, or country) 15. Birthplace (City, topfs, or country) 16. (a) Informant's own signature of the country (State or foreign country) 16. (b) Address (City, topfs, or country) (c) Place: burial or cremation (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation (c) Place	N E	4. Sex Male race White divorced married	that I last saw harmalive on Cyrl 7 3	1977;
8. AGE: Years Months Days II less than one day Due to Due to		7. Birth date of deceased Flor 19-1890	11	Duration
9. Birthplace City, typh, or county) 10. Usual occupation City, typh, or county) 11. Industry or business 12. Name City typh, or county City or town City typh, or county City typh, or county City or town City typh, or county City or town City or town City typh, or county City or town City or town City typh, or county City or town City or town City typh, or county City or town City typh, or county City or town City typh, or county City or town City or town City typh, or county City or town City typh, or county City or town City typh, or county City typh, or county City or town City typh, or county City or town City typh, or county City or town City typh, or county City typh,	w - 1	[Due to milliona at 1	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace (City, town, or countr) 15. Birthplace (City, town, or countr) (Bartic, creaming, or removal) (City and compared to the country) (City and country) (C	(FADI) fully su y be pro	la the Kanal		-
Underline the cause to which death should be charged sta- distribution or removal) (City, town, or county) (State or breign country) (City, town, or county) (City, town, or county) (City, town, or county) (Burial, cramation, or removal) (C) Place: burial or cremation (Burial, cramation, or removal) (C) Place: burial or cremation (Burial or cremation) (C) Place: burial or cremation (Burial or cremation) (C) Place: burial or cremation (Burial or cremation) (C) Place: burial or cremation (D) Address (D) Add	~ ~	(City, toyh, or county) (State or foreign country)	Other conditions (Include pregnancy within 3 months of death)	
County C			Major findings: Of operations.	
22. If death was due to external causes, fill in the following: (City, town, or county) (City, town, or county) (City, town, or county) (A) Accident, suicide, or homicide (specify) (b) Address (c) Where did injury occur? (d) Means in industrial place, in public place? (e) Place: burial or cremation (b) Address (b) Address (c) Place: burial or cremation (b) Address (c) Place: burial or cremation (d) Means injury (e) Means injury (f) Means injury (g) Means injury (h) Do of Other) (h) Address (h) Date signed (h) Date signed	LAIN ation s	(State or foreign country)	Of autopsy	which death should be charged sta-
(c) Where did injury occur? (City or town) (County) (State) (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? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (d) Did injury occur? (City or town) (County) (State) (e) Place: burial or cremation (f) Did injury occur? (City or town) (County) (State) (g) Did injury occur? (City or town) (City or town) (County) (E of a	15. Birthplace (City, town, or county) (State or foreign country)	11 " '	4
19. (a) H (b) Later figure (b) (Date signed) Date signed) Date signed (Date signed)	Whitem of	(b) Address Francisco Mario	(c) Where did injury occur?	(5:)
19. (a) H (b) Later figure (b) (Date signed) Date signed) Date signed (Date signed)	Classic Every	(Burial, cramation, or removal) (Mouth) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in	public place?
19. (a) H (b) Later figure (b) (Date signed) Date signed) Date signed (Date signed)	N. B.—	(b) Address Mo	While at work Whenn finding	
·	₹ 4	(Date received local registrar) (Date received local registrar)	Address PAN Date sign	#19/5\

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
	, Registered Apprentice No,
working under my personal supervision.	
	Signed of F. Nameyer
	Signed T. Henry Signed Licensed Embalmer No. 3912

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.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	STANDARD CERT	IFICATE OF DEATH State	Pile No. 15-475
Registration District No. 69	Primary Registration D	istrict No. 440/ Regis	trar's No
1. PLACE OF DEATH		2. USUAL RESIDENCE OF DECEASED:	
(a) County July	<u>L.</u> 	(a) State Mussoure (b) Cour	nty Pellis
(b) City or town (If outside city or town limits,	write "RURAL" and name of township)	(c) City or town James Line	. Mo
(c) Name of hospital or institution:		(If outside city or town	limits, write "RURAL")
(If not in hospital or institution, write	street number or location)	(d) Street No	rive location)
(d) Length of stay: In hospital or instituti	Off(Specify whether	(e) Citizen of foreign country	(Yes or No
In this community years, months or days)		If yes, name country	
3. (a) PRINT ()	a. 1 /1.	MEDICAL CERTIFIC	ATION
"FULL NAME ALL NO	all Joung	20. DATE OF DEATH Month A P.	/_day24
3. (b) If veteras.	3. (c) Social Security	$\parallel \mathcal{L} \cap \mathcal{L} $	day
name war	No	21. I hereby certhy that I attended the deceased	
5. Color or (6. (a) Single, widowed, marrie	# II \ `	, 19
4. Sex m racell	_ divorced	Mat Masteaw h alive on	, 19
6. (b) Name of husband or wife	6. (c) Age of husband or wife	if that death occurred on the date and hour sta	
	yea	Immediate cause of death	
7. Birth date of deceased (Month)	(Day) (Year)	Y	
		Y	
	Days If less than one day	Due to	·····
3/ / 3	A mi	ii	
9. Birthplace	() A	Due to	
9. Birthplace (City, town, or county)	Tito and foreign country)	Other conditions.	
10. Usual occupation		(lockude programmy within 3 months of death)	
11. Industry or business	(1) 	Major findings:	PHYSICIA
∫ 12. Name		Of operations	Underlin
13. Birthplace (City, town, or county)	<u> </u>		bybich dea
(City, town, or county)	(State or foreign country)	Of autopsy	should t charged st
14. Maiden name			tistically.
(City, town, or county)		22. If death was due to external causes, fill in th (a) Accident, suicide, or homicide (specify)	_
6. (a) Informant		·•	
(b) Address		(c) Where did injury occur?	
17. (a)(b) I (Burial, cremation, or removal)	ate thereof(Month) (Day) (Year)	··· !! (City or town	n) (County) (State) in industrial place, in public plac
(c) Place: burial or cremation		_ [[
8. (a) Signature of funeral director		(Specify type of While at work? (6) Me	place) ans of injury
// (b) Address		- 5 5 Nalla	(M. D. or other)
19. (a) Do not Kuns (ofther		" 23. Signature	

5-15475