Registration District No	. 2 3-40	DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH BUREAU OF THE CRISUS STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATE OF DEATH					
1. PLACE OF DEATH: (a) County MAC AN (County MAC AN	-39 X23159	STANDARD CERTIFICATE OF DEATH State File No					
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6. (c) Name of husband or wife alive years alive years (Month) (Day) (Year) 7. Birth date of deceased. A R. A.	- E						
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8. AGE: Years Months Days If less than one day 9. Birthplace (City, town, or county) 10. Usual occupation RFT/RFR AMAR (State or foreign country) 11. Industry or business 12. Name. N.R. M.F. T. BAKER 13. Birthplace MAKAR M. M. (City, town, or county) 15. Birthplace MAKAR M. M. (State or foreign country) 16. (a) Informant M. (City, town, or county) 17. (a) MARAR M. M. (City, town, or county) 18. (a) Signature of remarkion Carterian (b) Date thereof S. M. M. M. M. (Month) (Day) (Year) 19. (a) May RA - [744]. (b) Cadar M.			Duration				
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(Date of control of the control of t			23. Signature J. Jonovsky (M. D. oronto)				
(Licensed Embalmer's Statement on Reverse Side)							
<u></u>		(Licensed Embalmer's St	atement on Reverse Side)				

	Officer No. 10
Date Filed	1 8 1941

working under my personal supervision.

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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.....

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.