No. 2 -1-4-41	DEPARTMENT OF COMMERCE MISSOURI STATE B BURBAU OF THE CENSUS CT A ND A DD CEDTIE		766	
-17-39 X263 90	HILD ALIC 13 1041 2	STANDARD CERTIFICATE OF DEATH Primary Registration District No. 5/75 Registrar's No.		
000 RECORD	1. PLACE OF OEATH: (a) County	2. USUAL RESIDENCE OF DECEASED: (a) State	016	
	(If dot in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(If rural, give location)	(Yes or No)	
PERMANENT	In this community years, months or days) 3. (a) PRINT (1) Gust (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	If yes, name country MEDICAL PERTIFICATION		
< │	3. (b) If veteran, and name war. No.	year A hour burney	th M.	
LACK INK—MAKE	6. (a) Single, widowed, married, divorced Married. 6. (b) Name of husband or wife	21. I hereby certify that I attended the deceased from MANA 3 1 19 4 to that I last saw h. alive on MANA 3 184 4 and that death occurred on the date and hour stated above. Immediate cause of death MANA ALIVE MANA 1 184 184 184 184 184 184 184 184 184 1		
-USE UNFADING BLACK	8. AGE: Years Months Days If less than one day 75 26 hr. min. 9. Birthplace Gape Grandou Yes V	Due to Unfluences		
E CN	10. Usual occupation (State or foreign country)	Other conditions. (Include pregnancy within 3 months of death)		
	11. Industry or business 12. Name	Of autopsy.	Underline the cause to which death should be charged sta-	
WRITE PLAINLY	14. Maiden name (City, town, or County) 16. (a) Informant (Sai or feeign country)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify).	tistically.	
W	(b) Address (b) Date thereof (a - 3 - 1) (Burial, cremation, or removal) (Month (Day) (Year)	(c) Where did injury occur?	(State) public place?	
	(c) Place: burial or cremation 18. (a) Signature of unital direction (b) Address	While at work? (Specify type of place) While at work? (e) Means of injury What a work? (M. D. gro	thering	
	19. (a) (File received local registrar) (Licensed Embalmer's Sta	Address (Man) M. Date signe	KI also	
	1 months of a per	·- ·- ·- ·- ·- · · · ·	· •	

STATEMENT BY LICENSED EMBALMER

V .	
I hereby certify that the body whose name is recorded on the reverse side of t	his certificate was embalmed by me, or by
-A	Registered Apprentice No
working under my personal supervision.	

Signed W. H. Estimated Embalmer No. 3568

P. O. Address Copy His New

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, fact should be so stated above.