MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Do not use this space. County Registration District No Primary Registration District No. Registered No..... Township..... (c) (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred OCCUPATION (Usual place of abode, if no street address, write county of city) (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Widowell That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORGED (OR) WIFE OF Exact 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 7. AGE YEARS MONTHS DAYS If LESS than 1 The principal cause of death and related causes of importance were as follows: day,hrs. classified. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc..... 9. Industry or business in which work properly was done, as saw mill, bank, etc 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation..... year)..... å 12. BIRTHPLACE (CITY OR TOWN may (STATE OR COUNTRY) フカハ 13. NAME 14. BIRTHPLACE (CITY OR TOWN Name of operation..... (STATE OR COUNTRY) What test confirmed diagnosis there an autopsy? N. B.—Every item or manner.—CAUSE OF DEATH in plain terms, 15. MAIDEN NAME 23. If death was due to external causes (Molence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......, 19....... 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur?.... (STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. INFORMANT (ADDRESS) Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Local Rebistrar. (Licensed/Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	corded on the reverse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
working under my personal supervision.	
•	Signed William

with the above constitutes grounds for revocation of license.)

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

S. No.		DEPARTMENT OF COMMERCE MISSOURI STATE E	_	
¥==8-2 ≫1 x2	- 1	BUREAU OF THE CENSUS STANDARD CERTIF	FICATE OF DEATH State File N 26	487
		Registration District No. 9705 Primary Registration Dist	trict No. 62 6 Registrar's No.	
	T RECORD	i. PLACE OF DEATH (a) County (b) City or town (if outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location)	(c) City or town Mindle (If outside city or town limits, write "RURAL") (d) Street No. 7000 (If outside city or town limits, write "RURAL")	5
۵	PERMANENT	(d) Length of stay: In hospital or institution (Specify whether	\	(Yes or No)
	MA I	In this community. years, months or days)	If yes, name country	<u></u>
		3, (a) PRINT (Irmilda Sullivan	MEDICAL CERTIFICATION	
	EA	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month 2007	м.
	INK-MAKE	name war	21. I hereby certify that aftermed the comment from	
		5. Color or 7/V 6. (a) Single, widowed, married, divorced		, 19;
		6. (b) Name of husband or wife	that the saw h	, 19;
	ACK	7. Birth date of deceased.	Inmediate carde of death.	
	BLA	(Month) (Day) (Your		
		8. AGE: Years Months Days If less that one call	Due to	
	IQ /	min.	Due to	
	UNFADING	9. Birthplace	Other conditions	
	-USE	10. Usual occupation	(Include pregnancy within 3 months of death)	
Ī	֡֝֞֝֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	11. Industry or busing 12. Name	Major findings: Of operations	PHYSICIAN
i	NE	13. Birthplace		Underline the cause to which death
	PLA]	(City, town, or county) (State or foreign country)	Of autopsy	should be charged sta- tistically.
	WRITE PLAINLY	(City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	justically.
	W.H	16. (a) Informant (b) Address	(b) Date of occurrence	
		17. (a)	(c) Where did injury occur?	(State)
		(c) Place: burial or cremation	(b) Did injury occur in or about home, on farm, in industrial place, in p	ublic place?
arr		18. (a) Signature of funeral director	(Spacify type of place) While at work? (c) Means of injury	
**		10 (6) Address 16 1996 (1 & Tarry)	23. Signature (M. D. or o	ther)
:	1	(Dite repeived local registrar) (Restaurar's signature)	Address	-d
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