- 1	, , , , , , , , , , , , , , , , , , , ,		
	BUREAU OF THE CENSUS CTANDADD	TATE BOARD OF HEALTH ERTIFICATE OF DEATH State File No.	}-
I~xe14	UEU 3 1 1941	tion District No. 5421 Registrar's No. 30	4
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
	(a) County a second 1		,
⊿ ₹	(b) City or town Ala-Acona 194 Kehila	(b) County Has Con	cade
иесокр	(If outside city or town limits, write "RURAL" and name of town (c) Name of hospital or institution:	The state of the s	31
	You !	(If outside city or town limits, write "RURAI	" <i>(</i>)
Z	(If not in hospital or institution, write street number or location)	(d) Street No(If rural, give location)	0
PERMANENT	(d) Length of stay: In hospital or institution	whether (e) Citizen of foreign country?	
MA	In this community	· If yes, name country	., ., ., .,
Ž.	2 (a) PREPART 14/1	MEDICAL CERTIFICATION	
	3. (a) PRINT William Edward Corora		
∀	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month dec day 26	
-MAKE	паше war No		
X :	5. Color or 6. (a) Single, widowed,	21. I hereby certify that I attended the deceased from	
[[4. Sex M 17 race W divorced Will	, 19, 10	;
NNI	6. (b) Name of husband or wife		;
رسکی	mora tolland alive	years Immediate cause of death Werdiel	Duration
BLACK	7. Birth date of deceased Lept 9 188	Corours here: - let e the here	//
Bľ.		(car) find that collien Cordrad Cat	
	8. AGE: Years Months Days If less than one	bue to to been death as a result	
ŽĮ.	61 3 17	natural Causes.	
UNFADING	61 3 1 /hr		
Z.	9. Birthplace (City town, or county) (State or foreign co		
	10. Usual occupation farmer	Other conditions	
USE	11. Industry or business	• • • • • • • • • • • • • • • • • • • •	
T i		Major findings:	1 '
ΓX	12. Name	Of operations	Underline
Z	(City, town, or county)) (State of foreign to	intry) Of autopsy	the cause to which death
_ <u>₹</u> .	14. Maiden name Many Gley have	·•····································	charged sta-
WRITE PLAINLY	5 15. Birthplace and	22. If death was due to external causes, fill in the following:	ltistically.
E	(City, town, or county) (State of foreign co	(a) Accident, suicide, or homicide (specify)	
X	16. (a) Informant There Mayer	(b) Date of occurrence.	
	(b) Address (12/28)	freezere	
. [17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day)	(c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in	(State)
į	(c) Place: burial or cremation		public placer
[18. (a) Signature of temeral director MOLLAN	While at work? (Specify type of place) (c), Means of injury.	~
1	(b) Address Cum Ma		مسک
.	19. (a) 12-29 (b) 41 t. K/Ciero	23. Signature Left G. F. Left Channel (************************************	other). DO
	(Date received local registrar) (Registrar's signature)	Il Address Date sig	ned
	(Licensed Embala	er's Statement on Reverse Side)	

conversion to personalise

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body w	hose name is recorded on th	he reverse side of this certificate v	was embalmed by me, or	by
John 1.	foll	, Regi	stered Apprentice No.	260
working under my personal supervisi				
V		Signed	non	Morle
			ed Embalmer No	/ \) &
• •		*		ν

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

If this body is not embalmed, fact should be so stated above.

DEPART	MENT OF COMMERCE	MISSOURI STAT	E BOARD OF HEALTH	1, 1	400
В	REAU OF THE CENSUS	STANDARD CER	TIFICATE OF DEATH	State File No.	828
Registrat	ion District No. 364	Primary Registration 1	District No. 542	Registrar's No	
1. PLAC	E OF DEATH: Q		2. USUAL RESIDENCE OF DECE	EASED:	
(a) Cou	nty /Jag	conage	(a) State	(h) County	
(b) City	or town (If outside city or town li	mits, write "RURAL" and name of township	, []	(b) County	
(c) Nar	ne of hospital or institution:	mits, write RORAL and name of township	(If outside	e city or town limits, write "RUR	AL")
	(If not in bosnital or institution	a, write street number or location)	(d) Street No		
(d) Len	gth of stay: In hospital or insti	· ·		(If rural, give location)	
In this	community	(Specify wheth	er (e) Citizen of foreign country?		(Yes or No
	months or days)		If yes, name country	<u> </u>	?
3. (a) P	RINT William	Le. Condrus	MEDICAL	CERTIFICATION	,
 	veteran,	3. (c) Social Security	20. DATE OF DEATH; Month	es (a) 2)	(
	ame war		year 94 hour	A Injoure	М
			21. I hereby certify that tattended th	ne deceased from	•••••
	m 5. Color or	6. (a) Single, widowed, marri	ed,		19
4. Sex	race	aivorcea	that Hagisaw h	·····	19
6. (b) N	lame of husband or wife	6. (c) Age of husband or wife		and hour stated above.	Duration
		A Q alive IFC 150	ars immediate cause of death		
7. Birth	date of deceased	(h) (Day) (Ya	the street	Cause	
8. AGE	Years Months	Days Uf less than one day	Significant	Carre	}
	/ / 2	15	Tralalle that	On week	······
	<u> </u>	(YY)		a sagar	
9. Birth	place S		Due to		7
	City, forn, of colu	inty) (State or foreign country	Other conditions		<i>i</i>
	occupation	<u></u>	(Include pregnancy within 3 months of death	h)	
11. Indus	stry of business		Major Sadings		PHYSICIAN
曽 12. N	Tame		Major findings: Of operations	† /	Underline
₹ (13. B	irthplace (City, town, or cot			\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	the cause to which death
품 (14. M	City, town, or coo		Of autopsy	0 W	should be
選く こうしょう	irthplace		***************************************		tistically.
¥ ((City, town, or cou	inty) (State or foreign country)	11		
16. (a) Ir	ıformant		(a) Accident, suicide, or homicide (sp		
(b) A			···· II ·	***************************************	*****************
17. (a)	Burial, cremation, or removal)	(b) Date thereof (Month) (Day) (Year	(c) Where did injury occur?((d) Did injury occur in or about home,	(City or town) (County)	(State)
	•	(Month) (1743) (1641	' (d) Did injury occur in or about home,	, on farm, in industrial place,	in public place?
	gnature of funeral director		(Spec	cify type of place)	······
, ,	,		While at work?	(e) Means of injury	
19. (a)			23. Signature	Coloner (Car) D.	0r -
(E	Oute received local registrar)	(Registrar's signature)	Address banding	Date s	r.

INACCRE CESTICINO STUDIO:

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t term			
		ken 1900 - Karlon Lagrandon, der eine State (1901)	
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	्राच्या विकास के जाता है। जाता के प्राप्त के किया		\$ 18.75 \$74.65 \$ 17.75
. <i>i</i> .	**************************************		
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