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(a) County.  Working the state of the control of the state of the county of the state of the county of the state of the county.  (b) City or town.  (if restate city or town institution.  (i) Length of stay: In hospital or institution.  (ii) Length of stay: In hospital or institution.  (iii) City or town.  (iii) City or tow	X23159	FILED MAR 10 1942-0-3  Primary Registration District No. Primary Registrat	rict No. 6216 Registrar's No.
3. (b) II veteran, aname war. S. (c) Social Security No. S. (c) Social Security No.	ANENT RECORD	(a) County World  (b) City or town Glean To Glea	(c) City or town (If outside city or town limits, write "RURAL")  (d) Street No. (If rural, give location)
3. (b) II veteran, aname war. S. (c) Social Security No. S. (c) Social Security No.	PERIV		
4. Sex made of this band or wife the controlling of the control of the transfer of the date and hour stated above.  6. (b) Name of husband or wife the controlling of the control of the date and hour stated above.  7. Birth date of deceased.  8. AGE: Years Months Days if less than one day  9. Birthplace.  (City, toyn, or county).  (States of tereign country)  10. Usual occupation.  11. Industry or business.  12. Name.  (City, toyn, or county).  (States of tereign country)  (Appendix of the country of terminal causes, fill in the following:  (a) Accident, mildde, or homicide (specify).  (b) Date of occurrence.  (c) Where did injury occur in or about home, on farm, in industrial place, in public place?  (Bartis, cremation, or removal)  (Bartis, crematics, or removal)  (Bartis, crematics, crematics)  (Bartis, crematics, crematics)  (Bartis, crematics)  (City or town)  (City or	¥	3. (b) If veteran, 3. (c) Social Security	year 1943 hour 8 minute 30. DM.
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8. AGE: Veary Months Days if less than one day  9. Birthplace. (City, town, or county)  10. Usual occupation  11. Industry or business  12. Name. Major findings:  12. Name. (City, town, or county)  13. Birthplace. (City, town, or county)  14. Maiden name. (City, town, or county)  15. Birthplace. (City, town, or county)  16. (a) Informant Aller (City, town, or county)  17. (a) (Burial, cramation, or remortal)  18. (a) Signature of funeral director. (Business)  19. (a) The 25 The nin Gravious County)  10. Usual occupation  11. Industry or business  12. Name. (City, town, or county)  (Spain of prelin country)  (Spain of prelin country)  (Spain of prelin country)  (Spain of prelin country)  (Spain of findings:  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suidde, or homicide (specify)  (b) Date of occurrence.  (c) Where did injury occur? (City or town) (County) (State)  (c) Place: burial or cremation. (Busin Country)  (c) Place: burial or cremation. (Busin Country)  (d) Did Injury occur in or about home, on farm, in industrial place, in public place?  While at work? (Specify type of place)  While at work? (Specify type of place)  While at work? (M. D. or other). (M. or oth		7. Birth date of deceased Nov 5 1858	Immediate cause of death  ACUICGASTRECTASIS — JAN-1/
10. Usual occupation  11. Industry or business  12. Name.  13. Birthplace  (City, town, or county)  (State of foreign country)  14. Maiden name.  (City, town, or county)  (State of foreign country)  15. Birthplace  (Other country)  (Other count		12 2 18	
11. Industry or business   PHYSICIAN   P	-	(City, town, or county) (State or foreign country)	Other conditions My ASThenia Gravidarium
Solution   State   County   State   State   County   State	ř PLAINLÝ—U	11. Industry or business.	Major findings: Of operations
16. (a) Informant Allegary Marie (b) Address Weldow Marie (b) Date thereof A 35 1973 (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? (e) Place: burial or cremation function (b) Address (b) Address (c) Marie (c) Means of injury (d) Date received local registrar) (Registrar's signature)  15. (a) Accident, suicide, or homicide (specify) (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? (e) Means of injury (e) Means of injury (f) Address (f) Date signed (f) Address (f) Date signed (f) Address (f) Date signed (f) Date signe		(City, town, or county) (State of foreign country)	Of autopsy the cause to which death should be charged sta-
(c) Place: burial or cremation.  (d) Date thereof (Month) (Day) (Year)  (e) Place: burial or cremation.  (f) Address.  (h) D. or other)  (h) Address.  (h) Date signed (h) Date		16. (a) Informant Stella Tromine	(a) Accident, suicide, or homicide (specify)
18. (a) Signature of funeral director.  (b) Address  19. (a) T.L. 28-1942 (b) Arle Scalle  (C) Date received local registrar)  (B) Address  Address  Address  (Specify type of piace)  (a) Means of injury  (b) Arle Scalle  Address  Address  Date signed Till 28		17. (a) (Burial, cremation, or removal) (b) Date thereof 25 /9-/2 (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (State)
19. (a) The 38-19 (b) Wille Ocade (Registrar) (Registrar's signature) Address Durwy Ms Date signed The		18. (a) Signature of funeral director	While at work? (e) Means of injury
			Address Derwell Ms Date signed The

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I hereby certify ti	hat the body whose,r	name is recorded on the	reverse side of this certificate was embalmed by	me, or by
		7 . 0	Registered Apprentice No	
rking under my per	sonal supervision.		land	
,			Signed Signed	
			Signed	······································
		• ,	Licensed Embalmer No	

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

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