ite nt.	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH State File No		
uld sta	Registration District No. 20 Primary Registratio	rict No. 5780 Registrar's No. 7	
BLACK INK—MAKE A PERMANENT RECORD ad. AGE should be stated EXACTLY. PHYSICIANS should state ly classified. Exact statement of OCCUPATION is very important.	1. PLACE OF DEATH: (a) County Cope Guadeau (b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Ripe Grandeau (c) City or town. (c) City or town. (If outside city or town limits, write "RURAL")	
	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(d) Street No	
	3. (a) PRINT LILLIE WOODS ALEXANDER 3. (b) If veteran, 3. (c) Social Security name war Your No. Your	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month 77 & 8 day minute 0 — A M. 21. I hereby certify that I attended the deceased from	
	5. Color or a color or acceptance of the color of the col	that I last saw h. L. alive on Mark 1, 19 4.7 and that death occurred on the date and hour stated above. Immediate cause of death Control of the control of	
DING Supplic proper	8. AGE: Years Months Days If less than one day	Due to Due to	
—USE uld be ca	10. Usual occupation House Reference (City, town, or county) 11. Industry or business Returned 12. Name Rufus M. Woods 13. Birthplace Tauttland Mo. 9	Other conditions. (Include pregnancy within 3 months of death) PHYSICIAN Major findings: Of operations. Underline the cause to which death	
WRITE PLAINLY—(item of information should EATH in plain terms, so th	(City, town, or caunty) (State or foreign country) (State or foreign country) (City, town, or country) (City, town, or country) (City, town, or country) (State or foreign country) (b) Address (b) Address (City, town, or country)	Of autopsy	
5-17-39 5-17-39 2-1 X19511 B.—Evcry USE OF D	17. (a) Curial (b) Date thereof Man 9, 442 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Pleasant Hell 18. (a) Signature of funeral director (b) Recipes	(c) Where did injury occur?	
SOM:	19. (a) 19-47 (b) 2 Charter (Registrar's signature) (Registrar's signature)	23. Signature AV. Address (M. D. or other) Address Date signed 9-12 atement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name	is recorded on the reverse side	of this certificate was embalmed by me,	or by
Gene Cua	uall	, Registered Apprentice No	300
0==40044400 E00*40.c		Registered Apprentice No	
working under my personal supervision.			

Licensed Embalmer No. 2476

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, above space should be left blank.