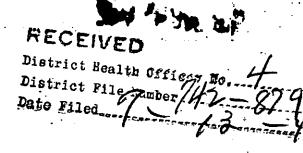
2 	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	MISSOURI STATE BOARD OF HEALTH	20608 H State File No
C28390	Registration District No	Primary Registration District No. 5.10.8	Registrar's No
USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH:  (a) County	(c) State. (c) City or town. (d) Street No. (e) Citizen of foreign country. (e) Citizen of foreign country. (e) Country No. (e) DATE OF DEATH: Myear. (f) ME. (f) Age of husband or wife if alive. (f) Age of husband or wife if alive. (h) Country (Year) (Year)	(If outside city or town limits, write "RURAL")  (If rural, give location)  (Yes of No)  DICAL CERTIFICATION  (onth Jule day minute 30 P. M.  tended the deceased from limit / 94.7  the late and hour stated above.  Duration
WRITE PLAINLY—US	11. Industry or business.    12. Name	(d) Accident, suicide, or hor (b) Date of occurrence.  thereof Olympa 9/1942 (c) Where did injury occurr	Underline the cause to which death should be charged sta- tistically.  rnal causes, fill in the following: micide (specify)



## STATEMENT BY LICENSED EMBALMER

		of this certificate was embalmed by me, or by
working under my personal supervision.	( )	Heyd S. Morgan
	Digued	Licensed Embalmer No. 330 /

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