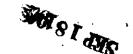
FILED SEP 15 1942 MISSOURI STATE BOARD OF HEALTH **BUREAU OF VITAL STATISTICS** SICIANS should state OCCUPATION is very important. CERTIFICATE OF DEATH 1. PLACE OF DE Do not use this space. (a) County Sarlouade Registration District No. Primary Registration District No. (b) Township Registered No (d) Street No .. (If death occurred in Hospital or Institution, write its name instead of street and number) ds. ' (f) How long in U.S., if of foreign birth? (e) Length of residence in city or town where death occurred Residence, No. (If nonresident, give city or town and State) (Usual place of abode, if no street address, write county or city) ACTL) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE MARRIED, WIDOWED, OR DIVORGED (Write the Ford) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) CERTIFY. attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, 7. AGE If LESS than 1 MONTHS DAYS The principal cause of death and related causes of importance were as follows: day,hrs. classified. ormln. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc...4 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation... Other contributory 12. BIRTHPLACE (CITY OF TOWN (STATE OR COUNTRY) Date of Acces (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury 18. BURIAL CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... 19. FUNERAL DIRECTOR If so, specify. Local Registrar. (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side o		
	, Registered Apprentice No	<u> </u>
working under my personal supervision.	000	

Signed College

P. O. Address Jermann M

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.