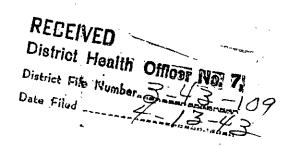
S. No. 2				1 4	000	
4-5-42 5-17-39	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		EALTH OF MISSOURI FICATE OF DEATH	State File No	10225	
I X32873	FD APR 14 1348 137 Primary Registration Distr		rict No. 3023	Registrar's No	25	
\2 \3 \0	1. PLACE OF DEATH: (a) County Henry		2. USUAL RESIDENCE OF DECEAS	SED:	1/2	
Z noza	(b) City or town		(c) City or town	y or lown limits, wite "RUR	Z 2.	
NT R	(If not in bospital or institution, write stree	(d) Street No. // 3 /7 (tr	Caster rural, give location)			
ANE	(d) Length of stay: In hospital or institution. In this community	(Specify whether	(e) Citizen of foreign country?		(Yes or No)	
PERN	3. (a) PRINT SARAH LA ME	Cook	If yes, name country		?	
E A 1	3. (b) If veteran, 3. (c) Social Security		20. DATE OF DEATH: Month year 743 hour	day minute.	/_м.	
-MAK	name war 5. Color or 6	No	21. I haroby certify that I attended the de	3/19	> 19.44.3	
RONE A PERMANENT RECORD	4. Sex Trace W	2 divorced 6. (c) Age of husband or wife if	that I last saw h.C. alive on and that death occurred on the date and l	3//6 ''	19.42.3	
_	Mothert Soff	alive years	Immediate cause of death	ر د ن	Duration	
BLACK	7. Birth date of deceased (Month)	(Day) (Year)	Atheron Hypertons	<u> </u>		
DING	8. AGE: Years Months Days	If less than one dayhrmin.	Senili	17		
UNFABING	9. Birthplace (City, town, or county)	(State or foreign country)	Bue to	σA		
USE 1	10. Usual occupation.	· ·	Other conditions	4	PHYSICIAN	
.1 1	11. Industry or business	Bell ,	Major findings: Of operations		Underline	
PLAINLY	(City fown, or county)	(State or foreign country)	Of autopsy		the cause to which death should be charged sta-	
	15. Birthplace (Sign, town, or county)	(State or foreign country)	22. If death was due to external causes, f	ill in the following:	ltistically.	
WRITE	16. (a) Informant	siney on	(a) Accident, suicide, or homicide (specification) (b) Date of occurrence	у)	~~~~	
	17. (a) Qual (b) Date (Burial, cremation, or removal)	thereof 3 2 4 4 3. (Month) (Dof) (Year)	(c) Where did injury occur?(Ci (d) Did injury occur in or about home, on	ty or town) (County) farm, in industrial place,	(State) in public place?	
	(c) Place: burial or cremation	roles APec	While at work? (Specify	type of place) (a) Means of injury		
	(b) Address	ain Kitchen	23. Signature	Teelor (M. D.	73 //	
	19. (a) MANCIN 19. 1943) Hear	(Megistrar's signature) (Licensed Embalmer's 'St	Address	Date si	gned // // KJ	



STATEMENT BY LICENSED EMBALMER

·					,	
I hereby certify that the body whose name is recorded on the reverse side of the	is certific	ate was er	nbalmed by me, or b	bv		
			d Apprentice No	_	• :	
working under my personal supervision.	,	register.	a ripprenence rio			

Signed Signed Embelmon No. 189

P. O. Address P.

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

the above constitutes grounds for revocation of license.)

K. Cin