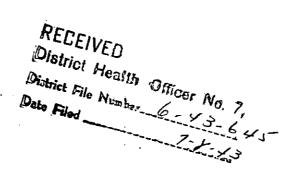
S. No. 2 STATE BOARD OF HEALTH OF MISSOURI DEPARTMENT OF COMMERCE BURRAU OF THE CENSUS STANDARD CERTIFICATE OF State File No. X3287 Registrar's No..... Primary Registration District No. Registration District No .. 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: INK-MAKE A PERMANENT RECORD (b) City or town. (If outside city or town limits, write ' (c) Name of hospital opinstitution: (d) Length of stay: In hospital or institution (e) Citizen of foreign country?..... (Specify whother In this community ..... If yes, name country.. years, months or days) MEDICAL CERTIFICATION 20. DATE OF DEATH: Month... 3. (c) Social Security 3. (b) If veteran, name war ... 21. I hereby certify that I attended the deceased from (a) Single, widowed, married Color or and that death occurred on the date and hour stated above. Age of husband or wife if Duration Immediate cause of deatl BLACK 7. Birth date of deceased. (Day) (Your) (Month) Months Dave If less than one day UNFADING 8. AGE: Years 9. Birthplace State or foreign country -USE 10. Usual occupation (Include pregnancy within 3 months of death) PHYSICIAN Industry or busines Underline 13. Birthplace which death should be charged sta-14. Maiden name. tistically. 15. Birthplace. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify). 16. (c) Informan (b) Date of occurrence.... Addres Where did injury occur?..... (City or town) (Burial, cremetion, or removal) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation (Specify type of place)
.....(e) Means Means of injury Date received 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 of this certificate was embalmed by me, or by	
wc	orking under my personal supervision.	

Signed Fred Wilkerson

P. O. Address

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, fact should be so stated above.