			•	
DEPARTMENT OF COMMERCE BURBAU OF THE CENSUS	STATE BOARD OF H	EALTH OF MISSOURI		•
FILED DEC 17 1943	TANDARD CERTI	FICATE OF DEATH	State PART PR	
Registration District No. 240	Primary Registration Dist	trict No. 5827	Registrar's No.	7
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DEC		
(a) County Hew Modie	1 1	M	//	
(b) City or town	Seuns.	(a) State Magy	(b) County Cune	em,
(If outside city or town limits, write " (c) Name of hospital or institution:	RURAL" and nume of township)	(c) City or town	utt.	
No		(d) Street No.	a city or town limits, write "RURAL	.")
(If not in hospital or institution, write street	number or location)		(If rural, give location)	
(d) Length of stay: In hospital or institution	(Specify whether	(s) Citizen of foreign country?		.(Yes or No)
In this community years, months or days)		If yes, name country		
3. (a) PRINT TAILER PA	11/50		ERTIFICATION	
FULL NAME AMES AA	i'NES	20. DATE OF DEATH: Month	,	
3. (b) If veteran,	3. (A) Social Security	[] A / Same and []	1100	-1
паше war // 6	No. 1407-		7 -	MIM.
S. Color or 6.	(a) Single, widowed, married,	21. hereby certify that Lattended th	-	
4. Sex Mb Crace VV	divorced2	that I last saw halive on	, to	19;
	. (c) Age of husband or wife if	and that death occurred on the date as	nd hour stated above.	19
HNGIE RAINES	aliveyears	Immediate cause of death	***************************************	Duration
7. Birth date of deceased EE		119 Miliaal	attendant	·
(Mouth)	(Day) (Year)	My all resa	ed beath	
8. AGE: Years Months Days	If less than one day	Due duas du	c to	
60 - 1-	hr. min.	coute m	josandetre	
	hr. min.	Due to		
9. Birthplace	(State or foreign country)			
10. Usual occupation James	ock!	Other conditions (Include pregnancy within 3 months of death		
11. Industry or busines	,	(Include pregnancy within 3 months of death)	BUTVETET
	nes	Major findings: Of operations.	13	PHYSICIAN
12. Name	11.1.7	7	17/1	Underline
(City, town, or county)	(State or foreign country)	Of autopsy.	10	the cause to which death
14. Maiden name	un .	- Crautopey		should be charged sta-
14. Maiden name	1 unb 1	22. If death was due to external cause	s, fill in the following:	tistically.
2, 10,5, 10,40,000,000,000	(State or foreign country)	(a) Accident, suicide, or homicide (spe	-	
16. (a) Informant (b) Address (b) Address (c)	20. 81.	(b) Date of occurrence		
$\alpha > 0$	11 9 12	(c) Where did injury occur?	***************************************	
(Burfal, cremation, or removal)	(Month) (Day) (Your)	(d) Did injury occur in or about home,	(City or town) (County) on farm, in industrial place, in 1	(State) public place?
(c) Place: burial or cremation	ا میلقسیول کردا			
18. (a) Signature of funeral director.	my Home	While at work? (Spec	ify type of piace) (c) Means of injury	
(b) secress Maldani OW		23. Signature Les Hulas	soll agents Co	roser
19. (a) Nec 4. 43 (b) Mrs.	V V W	I AD. CHEMIULE E. D. T. L. J.		:her)
	Registrar's (ignature)	Address hun maddi	Man Date signe	M/1.

RECEIVED

District Health Office No. 2,

District File Number 1243-

(Failure to comply wit

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......

working under my personal supervision.

Registered Apprentice No.....

Licensed Embalmer

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his