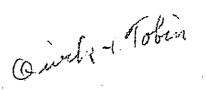
6. No. 2 M—2-43		EALTH OF MISSOURI FICATE OF DEATH  State File No. 5934
. 5-17-39 - I X35697	Registration District No. 149 Primary Registration Dist	rice No
INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH:  (a) County Jackson  (b) City or town Kansas City  (If outside city or town limits, write "RURAL" and name of township)  (c) Name of hospital or institution:  St. Joseph Hospital  (If not in hospital or institution, write street number, or location)	2. USUAL RESIDENCE OF DECEASED:  (a) State MON tana (b) County  (c) City or town Savage: (If outside city or town limits, write "RURAL") ()  (d) Street No (If rural, give location)
RMANEN	(d) Length of stay: In hospital or institution 8 hours In this community 3 months (Specify whether years, months or days)	(c) Citizen of foreign country? (Yes or No)  If yes, name country MEDICAL CERTIFICATION
AKE A PE	3. (a) PRINT GEORGE C. BASSO  3. (b) If veteran, 3. (c) Social Security  name war No No None	20. DATE OF DEATH: Month 2 day 2 9 year 1544 hour minute M. 21. I hereby certify that I attended the deceased from
	5. Color or 6. (a) Single, widowed, married. 4. ser Male Orace White Idivorced Married. 6. (b) Name of husband or wife 6. (c) Age of husband or wife If Katherine 2 years	that I last saw h Man alive on Del 25 19 **  that I last saw h Man alive on Del 25 19 **  and that death occurred on the date and hour stated above.  Immediate cause of death.  Duration
UNFADING BLACK	7. Birth date of deceased February 29, 1888 (Mouth) (Day) (Year)  8. AGB: Years Months Days If less than one day  56 ()   hr	Due to Subdiaphragnatic abscess
UNFAD	9. Birthplace Italy 5 (City, town, or county) (State or foreign country) 10. Usual occupation Farmer	Other conditions
WRITE PLAINLY—USE	11. Industry or business  \[ \frac{\pi}{2} \]  \[ \frac{12}{2} \]  Name Sebastian \[ \frac{1}{2} \]	(Include pregnancy within 3 months of death)  Major findings: Of operations Underline the cause to which death
RITE PLAI	(City, town, or county)  14. Maiden name NO KECOTO (State or foreign country)  15. Birthplace (City, town, or country)  16. (a) Informant Mrs. (City, town, or country)	Of autopey Of autopey A should be charged statistically.  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (specify).
I.M.	(b) Address Montane  17. (a) Removal (b) Date thereof 3/1/19/4 (Month) (Day) (Year)  (c) Place: burial or cremation Savage, Montana	(c) Where did injury occur?
	18. (a) Signature of funeral director Quick and Obiro Co  (b) Address + 20 West Linwood Blvd.  19. (a) 229-44 (b) D-E Brown  (Thate received local resistant) (Registrar's signature)	While at work? (Specify type of place)  While at work? (e) Means of injury  (M. D. or other)  While at work? (M. D. or other)  While at work? (Specify type of place)  While at work? (Specify type of place)
	(Licensed Embalmer's St	etembert on Reverse Side Pollulogist St. Joseph Hoop, K.C. 18



## 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		
~		Registered Apprentice No
•	working under my personal supervision.	

rision.

Licensed Embalmer No. 3774

P. O. Address

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.)

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

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