NT RECORD Y. PHYSICIANS should state CUPATION is very important.	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 4 1. PLACE OF DEATH (a) County (b) Township December 1 (c) City Mention (d) Street No. (1) Street No. (1) How long in U. S., if of foreign birth? yrs. mos. ds. (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. (a) Residence, No. (Usual place of abods, if no street address, write county or city) (If nonresident, give city or town and State)	
M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTU. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Wrige the word) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 8. Trade, profession, or particular kind of work done, as saw yer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT (STATE OR COUNTRY) 18. BURIAL, CREMATION, OR REMOVAL PLACE PLACE 19. FUNERAL DIRECTOR (NAME) 19. FUNERAL DIRECTOR (NAME) 19. FUNERAL DIRECTOR (NAME) 10. State Or Colleges or Removal PLACE 19. FUNERAL DIRECTOR (NAME) 10. State Or Colleges or Removal PLACE 19. FUNERAL DIRECTOR (NAME) 10. State Or Colleges or Removal PLACE 19. FUNERAL DIRECTOR (NAME) Local Registraty Local Registraty	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That I attended deceased from 19 19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8	/ / (Licensed Embalmer's Statement on Reverse Side)	

1-45-81

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,
on the 30th day of Dec 1944 by
Registered Apprentice No

Licensed Embalmer No. 1. 9.9

P. O. Address Official Cy Mid 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.