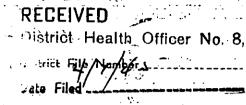
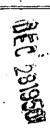
THE STATE BOARD OF HEALTH OF MISSOURI S. No. 2 STANDARD CERTIFICATE OF DEATH 1-8-43 5-17-39 Primary Registration District No. 30 OI X37823 Registrar's No Registration District No .. 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: 27 (a) County..... City or town.
(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If outside city or town limits, write "RURAL") 203 S. (If not in hospital or institution, write street number or location) PERMANENT (d) Length of stay: In hospital or institution..... (e) Citizen of foreign country?... In this community years, months or days) If yes, name country... MEDICAL CERTIFICATION BERT WELLS 3. (a) PRINT FULL NAME... mah 20. DATE OF DEATH: Month... 3. (c) Social Security 3. (b) If veteran, No..... 21. I hereby certify that I attended the deceased from... 5. Color or 6. (a) Single, widowed, married divorced manual 4. Sex..... and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife 6. (c) Age of husband or wife if Duration Frances melton UNFADING BLACK 7. Birth date of deceased..... (Month) (Year) Years If less than one day 8. AGE: Months Days 9. Birthplace..... (State or foreign country) Usual occupation. LUSE (Include pregnancy within 3 months of death) 11. Industry or business PHYSICIAN Major findings: Of operations... Underline the cause to 13. Birthplace. (State or foreign country) should be 14. Maiden name... charged sta-22. If death was due to external causes, fill in the following: (State or foreign country) (a) Accident, suicide, or homicide (specify)..... (b) Date of occurrence..... (c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 17. (a) ... (Day) (Year) (Burial, cremation, or removal) (Month) (c) Place: burial or cremation T (Specify type of place) (e) Means of injury. While at vo 23. Signature (Date received local registrar) (Licensed Embalmer's Statement on Reverse Side)





STATEMENT BY LICENSED EMBALMER

 I hereby certify that the body whose nan	ne is recorded on the	revers	e side o	f this certi	ificate was embalmed by me, or by	. ,
, , ,						
•			•		•	
				L '	Registered Apprentice No	

working under my personal supervision.

Signed Harry Hershberg	rer:
Licensed Embalmer No. 43	5-7
(.	

P. O. Address Marshall mo

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.