PRESENTED District No. 290 Primary Registration District No. 4430 Registration Control of Institute No. 4430 Registration District No. 4430 Registration Control of Institute No. 4430 Registration District No. 4430 Registration District No. 4430 Registration Registration District No. 4430 Registration Registration District No. 4430 Registration Registration Registration District No. 4430 Registration Registration District No. 4430 Registration	No. 2 -8-13 -17-39	DEPARTMENT OF COMMERCE THE STATE BOARD OF FIFTH STATE BOARD OF FIFTH STANDARD CERTIFIES STANDARD CERTIFIES	CATE OF DEATH State File No.		
(a) County Pulsaki (b) City or town City of the City	X37823	Registration District No. 290 Primary Registration District	et No. 4430 Registrar's No. 5/		
(b) City or town Crocker (c) Name of hospital of institution (d) Length of stay: In hospital or institution (d) Length of statistic institution (e) Length of stay: In hospital or institution (d) Length of statistic institution (e) Length of statistic institution (d) Length of statistic institution (e) Length of statistic institution (file and inst	سر ا		2. USUAL RESIDENCE OF DECEASED:		
(d) Length of stay: In hospital or institution. (Specify whether lights community. FOUR YEARS (d) Length of stay: In hospital or institution. (Specify whether lights community. FOUR YEARS (d) Length of stay: In hospital or institution. (Specify whether lights community. FOUR YEARS (d) PRINTHEY DEPT Julius Boerner 3. (e) If veteran. (e) S. Color of race White of divorced Married divorced divorced Married divorced Married divorced Married divorced divorced divorced Married divorced din divorced divorced divorced divorced divorced divorced divorced	. ≅	(a) County Pulaski	(a) State Missouri (b) County Pulaski		
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(frant, presidential) (gent, presidential) (ge	E E	(c) Name of hospital of institution:	1		
3. (b) If veteran, name war. 3. (c) Social Security No. 4. SeMale	′ <u>Ļ</u>	11	(If rural, give location)		
3. (b) If veteran, name war. 3. (c) Social Security No. 4. SeMale	E E	II (Specify whether	(e) Citizen of foreign country? N.O. (Yes or No)		
3. (b) If veteran, name war. 3. (c) Social Security No. 4. SeMale	MA	In this community I QUIT VESTS years, months or days)	If yes, name country.		
3. (b) If veteran, name war. 3. (c) Social Security No. 4. SeMale		3. (c) PRINTUONS ON TURBUR BOOMER	MEDICAL CERTIFICATION		
mame war. No. No. No. No. No. No. No. N			20. DATE OF DEATH: Month May day 274		
Second Color Col			year / 945 hour 9 minute 06 a.M.		
Second Color Col	AK		21. I hereby certify that I attended the deceased from		
Second Color Col	Ę	5. Color or 6. (a) Single, widowed, married, White 1 Married			
Second Color Col	Ř	II • • • • • • • • • • • • • • • • • •	and that death occurred on the date and hour stated above.		
7. Birth date of deceased. February 1 1889 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 56 3 26 hr. min. 9. Birthplace Herman Min. 10. Usual occupation. Pool Hall Gerator 11. Industry or business. Pool Hall 12. Name. Albert Boerner (City, town or county) (City,		Effie May Boerner alive 64 years	Duration		
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19. (a) 6-7-743 (b) 46405 M Date signed 3/2/43 (Date received local registrar) (Registrar's signature) Address relicion Date signed 3/2/43		(b) Address Crocker, Mg.	Ald I need Corokner		
(Date received and regardent)	5		11 2000 11 11 1727		
		(Date received and repair	179		

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.

Signed Saul B Hoop

, Registered Apprentice No.....

P. O. Address Orocker / M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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

%0, 2B %-43 X36930	DELITE OF COMMENCE	HE STATE BOARD OF H	CATE OF DEATH	State File No. 3	7
1	Registration District No. 290	Primary Registration Distric	t No. 4430	Registrar's No.	
RECORD	(a) County		(c) City or town(If outside of the country of t	(b) County	
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT	(if not in hospital or institution, write street (d) Length of stay: In hospital or institution In this community	(Specify whether	(d) Street No(I (e) Citizen of foreign country?		
	3. (a) PRINT Server 3. (b) If veteran, name war. 5. Color or race 6.	3. (c) Social Security No		M GO DAULE	7
	6. (b) Name of husband or wife	6. (c) Age of husband or wife if alive (bay) (Year) Whless than one days	Due to	nour stated above.	Duration
	9. Birthplace	(State or foreign country)	Other conditions. (Include pregnancy within 5 months of Gupp)	1 111	PHYSICIAN Underline the cause to
	(City, town, or county) 14. Maiden name (City, town, or county) 15. Birthplace (City, town, or county) 16. (a) Informant	(State or foreign country)	22. If death was due to external causes, (a) Accident, suicide, or homicide (spec	fill in the following:	
	(b) Address		(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?		
dth	18. (a) Signature of funeral director. (b) Address 19. (a) (Date received local resistrar) (Begistrar's signature) While at work? (C) Means of injury (A) Dot of officer. Address. Address. (Specify type of place) (M. Dot officer. Address. Address. Date signed Fig. 7.				8 (d)
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