S. No. 2 STATE BOARD OF HEALTH OF MISSOURI DEPARTMENT OF COMMERCE 1-5-42 BUREAU OF THE CENSUS 45STANDARD CERTIFICATE OF DEATH State File No .. 5-17-39 - I X32873 Primary Registration District No. 3 6 2 3 Registration District No.... Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) County..... (a) State .... (If outside city or town limits, write (c) Name of hospital or institution: (If outside city or town limits, write "RURAL") A PERMANENT (If not in hospital or institution, write street nun (If rural, give location) (d) Length of stay: In hospital or institution (e) Citizen of foreign country?. In this community. years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT FULL NAME. 20. DATE OF DEATH: Month 3. (b) If veteran. (c) Social Security INK-MAKE пате war... I hereby certify that I attended the deceased from... 5. Color or 6. (a) Single, widowed, married that I last saw here alive on 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 it Duration BLACK 858 7. Birth date of deceased........ (Month) (Year) 8. AGE: Months If less than one day UNFADING Vents Dave 9. Birthplace..... (City, town, or county) (State or foreign country) Other conditions.. Usual occupation. -OSE (Include pregnancy within 3 months of death) PHYSICIAN Industry or business. Major findings: Of operations 12. Name... Underline the cause to 13. Birthplace. which death should be charged sta-14. Maiden name tistically. 15. Birthplace 22. If death was due to external causes, fill in the following: WRITE (a) Accident, suicide, or homicide (specify)..... (b) Date of occurrence... (b) Address Where did injury occur?..... (City or town) (County) (State) (Burial, cremation, or temoval) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation. (Specify Lype of place) · While at 23. Signatu - 40 (Date received local registrar) (Licensed Embalmer's Statement on

RECEIVED		•
District Heart	Ö.	
District File Number	CHIGGE No.	_7; 
Date Filed	0-40-7 9-10-4	7,5
- 1700	7-/0- 4	) ~

Licensed Embalmer No.

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STATEMENT	BY LICENSED	<b>EMBALMER</b>

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, o	r by

....., Registered Apprentice No......

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.