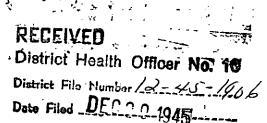
S. No. 2	DEPARTMENT OF COMMERCE THE STATE BOARD OF I		
M8-43 , 5-17-39 №1 X37823	FILED DEC 29 1945 STANDARD CERTIFICATION DISTRICT Registration District No	4497	
RECORD	1. PLACE OF DEATH: (a) County SHELBY (b) City or town CLARENCE (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State // i S.S.O.W.?' i. (b) County SHELBY / 0 (c) City or town CLARENCE (If outside city or town limits, write "RURAL")	= _2
UNFADING BLACK INK—MAKE A PERMANENT RECORD	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. In this community	(d) Street No. (If rural, give location) (e) Citizen of foreign country? (Yes or No. 11 yes, name country) MEDICAL CERTIFICATION	-
MAKE A J	3. (b) If veteran, and an	20. DATE OF DEATH: Month 70 V day 3 minute 30 P	м. IJ~
BLACK INK	4. Sex FEMALT race V. divorced WIDOW 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive DECEASESCAR 7. Birth date of deceased (Month) (Day) (Year)	that I last saw he alive on	3°
FADING E	8. AGE: Years Months Days If less than one day 17 4 23 hrmin. 9. Birthplace SHELIAY MO	Due to	
NLY—USE UN	(City_lags, or county) 10. Usual occupation HOUSE /SEPET 11. Industry or business 12. Name SIDENER SMITH 13. Birthplace	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Underlithe cause which dea	ine to
WRITE PLAINLY—USE	(City, town, or county) (State or foreign country) 14. Maiden name	Of autopsy	be ta-
	(b) Address 17. (a) BuniA. (b) Date thereof // 1 - 4 5 (Burlal, cremation, or removal) (Mynth) (Day) (Year) (c) Place: burlal or cremation BACON CHAPPLE 18. (a) Signature of funeral director Bullion + Barkelew (b) Address Charence TO	(c) Where did injury occur?	:e?
	19. (a) Dec 4 - 45 (b) (Registrays signs (pr)) [Registrays signs (pr)] / 5 4 7 (Licensed Embalmer's Sta	23. Signature A. (Volume (M. D. or ofter) Address Date tymes Contemporary (M. D. or ofter) Address Date tymes Contemporary (M. D. or ofter)	<u> </u>



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.....

working under my personal supervision.

ned Darkelou

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

Thellen The

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.