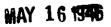
S. No. 2	DEPARTMENT OF COMMERCE THE STATE BOARD OF I	JEALTH OF MISSOURI		
M—8-43	DEPARTMENT OF COMMERCE THE STATE BOARD OF F		State File No. 12963	
7. 5-17-39 P I X37823	MAI 14 1946	rese	7 . 24	
- 1 X3/023 -	Registration District No. Primary Registration District	t No. 2370	Registrar's No.	
4	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEAS	SED: 111 74-	
\2 \frac{1}{2}	(a) County 70 VV 7 K	(a) State Missoure) County Jana	
<i>0</i> 8	(b) City or town	(c) City or town Kural		
C C C	(c) Name of hospital of institution.	(d) Street No. 14 Zuile	y or town limits, write "RURAL")	
T Z	(If not in hospital or institution, write street number or location)	(a) Street No.	rural, give location)	
NE	(d) Length of stay: In hospital or institution	(e) Citizen of foreign country?	(Yes or No)	
MA	In this community years, months or days)	If yes, name country		
PERMANENT	3. (a) PRINT FRANK B. BIRCH	MEDICAL CER	THECATION	
AP		20. DATE OF DEATH: Month	prelday 5	
	3. (c) Social Security name war. WORLD WAR #I No	year/946 hour	minuteM.	
-MAKE		21. I hereby certify that I attended the d	eccased from 7	
	5. Color or 6. (a) Single, widowed, married, divorced Made race Megao divorced Madeure	7 21 - Olend 1977.	197	
Ž X	6. (b) Name of husband or wife 6. (c) Age of hysband or wife 6.	that I last saw harmalive on and that death occurred on the date and	hour stated above.	
	Mary Bush alive Dead years	Immediat Quise of death	Duration	
186	7. Birth date of deceased (Months (Day) (Year)	thrombos	- / day	
11869 –USE UNFADING BLACK INK				
ZC Z	8. AGE: Years Months Days If less than one day	Due to		
, בולם ביים ביים ביים ביים ביים ביים ביים ביים	39 0. 12/1 hr. min.	Due to		
NE.	9. Birthplace O hareton Couly Mo.		,	
5	(City, town, or county) (State of foreign country)	Other conditions		
JSE	11. Industry or business Farin	(Include pregnancy within 3 months of death)	PHYSICIAN	
	E (12. Name FRANK BIRCH	Major findings: Of operations		
Ş		,	Underline the cause to	
· 4	(Site town or committy)	Of autopsy	which death should be	
WRITE PLAINLY	14. Maiden name SER WHANA		charged sta- tistically.	
13	15. Birtliplace (Gity town, or Jounty) (State or foreign of untry)	22. If death was due to external causes, f	•	
E :	16. (a) Informant Gerflery A. Buch	(c) Accident, suicide, or homicide (specif	у)	
	(b) Address Sallfury (10)	(b) Date of occurrence		
	17. (a)	(Ci (d) Did injury occur in or about home, on	ty or town) (County) (State) farm, in industrial place, in public place?	
}	(c) Place: burial or cremation language with	b		
·	18. (a) Signature of funeral director (Lightly - Hamman 4	While at work?(Specify	type of place) (c) Means of injury()	
	(b) Address Garage Mills	23. Signature No.	(M. D. or other)	
.	19. (a) 7-8-76 (b) (Resistrar s signature)	Address Star The	Mo Date signed -	
_	12 (Licensed Embalmer's Sta	tement on Reverse Side		



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								
	Registered Apprentice No,							
working under my personal supervision.	4			1	•			

Licensed Embalmer No. 3336

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.