5. No. 2 4—5-42 . 5-17-39	DEPARTMENT OF COMMERCE STATE BOARD OF HIS BUREAU OF THE SHIPE 1946 STANDARD CERTIF	EALTH OF MISSOURI FICATE OF DEATH State File No. 19336		
PI X32873	Registration District No	rict No. 45-47 Registrar's No. 25		
RECORD	1. PLACE OF DEATH: (a) County DATA (b) City or town (If outside city or town limits, write "RURALy and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County Would (c) City or town limit, write "RURAL")		
MAKE A PERMANENT RECORD	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. (Specify whether In this community	(d) Street No		
KE A PEF	3. (a) PRINT EARNEST ELSWORTH FER OUSON 3. (b) If veteran, name war No.	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month		
S212 ck ink	5. Color or divorced Manual for the first factor of the first factor of the factor of	21. I hereby certify that I attended the deceased from 19/15, to 10/16; that I last saw h alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death 2 1/16		
UNFADING BLA	8. AGE: Years Months Days If less than one day	Due to		
-use	9. Birthplace (City, town, or county) (State or foreign country) 10. Usual occupation (State or foreign country) 11. Industry or business (State or foreign country)	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. PHYSICIAN		
WRITE PLAINLY	12. Name Confidence Clay, town, or county) (City, town, or county) (State or foreign country)	Of autopsy Of autopsy Underline the cause to which death should be charged statistically. 22. If death was due to external causes, fill in the following:		
WRITE	(b) Address (b) Date thereof (4 2 - 4 b)	(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) (c) Means of injury		
۱.	(Burial, cremetion, or removal) (Month) (Day) (Year) (c) Place: burial or cremation (Month) (Day) (Year) 18. (a) Signature of funeral director (Month) (Mont			
	19. (a) May 13-1946 (b) Attack Dauren. (Data referred local registrar) (Registrar's signature)	Address Date signed 4.30.		

DISTRICT HEALTH OFFICE Cameron, Mo.

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.	1		\bigcirc	7	600				

Licensed Embalmer No. 3252
P. O. Address. Front City, Mu

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.