S. No. 2 M—5-43 \	DEPARTMENT OF COMMERCE THE STATE BOARD OF F		
. 5-17-39	BUREAU OF THE CENSUS AND ARD CERTIFI	CATE OF DEATH State File No. 1290	ā. -4
⊳ I X3667i	Registration District No	ct No 5420 Registrar's No.	C.1.
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(A B)	(a) County Dunklin	(a) State Mo (b) County &	31, 35
3 Q	(If outside city or town limits, write "RURAL" and name of township)	Till to the	CI
ž Š	(c) Name of hospital or institution:	(c) City or town (If outside city or town limits, write "RURAL"	······
INK—MAKE A PERMANENT RECORD	(If not in hospital or institution, write street number or location)	(d) Street No	
ER ((d) Length of stay: In hospital or institution.	(If rural, give location)	0
A.N.	In this community(Specify whether	(e) Citizen of foreign country?	(Yes or No)
EM.	years, months or days)	If yes, name country	
)EF	3. (d) PRINT Gim Wallace	. MEDICAL CERTIFICATION	
A I		20. DATE OF DEATH: Month 9 day 8	<i>!</i>
E.	3. (b) If veteran, 3. (c) Social Security name war. No	year 46 hour 2, PM minute	2м.
AK		21. I hereby certify that I attended the deceased from.	<i>.</i>
Σ	5. Color or 6. (a) Single, widowed, married,	19 46 to 1 pt 9.	19 6
K-	4. OCA	that I last saw hacher alive on	, 19 46
E	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	Duration
CK	aliveyears	Immediate cause of death	
ŗ	7. Birth date of deceased		***************************************
USE UNFADING BLACK	8. AGE: Years Months Days If less than one day	Due to	
g z			
Y G		Due to	
NF	9. Birthplace White Oak		
, n	10. Usual occupation.	Other conditions.	***********
JSE	, , , , , , , , , , , , , , , , , , , ,	(Include pregnancy within 3 months of death)	D
	11. Industry or business	Major findings:	PHYSICIAN
LY	167 A 1	Of operations.	Underline the cause to
Z	[3] 13. Birthplace Z8.1m8 MO (State or foreign country)	\ \	the cause to which death should be
WRITE PLAINLY	(State or foreign country)		charged sta- tistically.
	15. Birthplace Mcgee Mo	22. If death was due to external causes, fill in the following:	disticany.
<u> </u>	(City, town, or county) (State or foreign country) 16. (a) Informant LOTAN WALLACE	(a) Accident, suicide, or homicide (specify)	*******
M	(b) Address White Oak Mo	(b) Date of occurrence	
	17. (a) Burial (b) Date thereof 9 9 46	(c) Where did injury occur?	
	(Burial, cremation, or removal) (Month) (Day) (Year)	(City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in pr	(State) ublic place?
	(c) Place: burial or cremation. Pine City Cem		
	18. (a) Signature of funeral director Lentz Und Co	(Specify type of place) While at work? (c) Means of injury	
-	(b) Address Kennett Mo	23. Signature MAN WELL TO INGE (M. D. or of	ther)
1	19. (a)	Address Date signed	0 110
ļ	(Licensed Embalmer's Stat		

STATEMENT BY LICENSED EMBALMER

•	
I hereby certify that the body whose name is recorded on the reverse side of this ce	ertificate was embalmed by me, or by
Embalmen hed Na Thing A working under my personal supervision. Lo urth it	Registered Apprentice No
working under my personal supervision. do until it!	
· —	
Signed	
	Lieuwa d Paulostana No
	Licensed Embalmer 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.