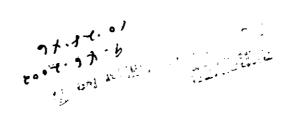
ld state oortant.	DEPARTMENT OF COMMERCE BURBAU OF THE CENSUS FILED NOV 1946STANDARD CERTIFICATE OF DEATH Registration District No. 20 Primary Registration District No. 5081 Registrat's No. 27		
A PERMANENT RECORD EXACTLY. PHYSICIANS should state ent of OCCUPATION is very important.	1. PLACE OF DEATH: (a) County. Bates (b) City or town KUTAI-LAST BOONE TWO. (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution.	2. USUAL RESIDENCE OF DECEASED: (a) State	
	In this community 68 years (Specify whether years, months or days) 3. (a) PRINT FULL NAME Minnie B. Ashbaugh	(If rural, give location) (e) If foreign born, how long in U. S. A.? years. MEDICAL CERTIFICATION	
VKE / stated statem	8. (b) If veteran, 8. (c) Social Security name war	20. DATE OF DEATH: Month October 20 year. I 946 hour minute. FUH M. 21. I hereby certify that I attended the deceased from.	
DINCERTOR INK—M. supplied. AGE should be properly classified. Exact	6. (a) Single, widowed, married, divorced 6. (b) Name of husband or wife	that I last saw b	
	7. Birth date of deceased JUNE T5 T GT G (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day	Due to Election	
UNFA arefully may be	9. Birthplace Bates Co. Nissouri (City, town, or county) (State or foreign country)	Due to	
Should be	10. Usual occupation Housework 11. Industry or business Falgum 12. Name Thomas Balgum Norway 4	(Include pregnancy within 3 months of death) Major findings: Of operations. Underline the cause to	
	18. Birthplace	Of autopsy	
WKI item of in EATH in	16. (a) Informant's own signature Clyde Ashbaugh (b) Address Adrian Mo. 17. (a) Burial (b) Date thereof IO-22-46	(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State)	
N. B.—Every item of information of CAUSE OF DEATH in plain term	(Burial, cremation, or remove) (c) Place: burial or cremation Burdett Semetery 18. (d) Signature of funeral director Color C	(d) Did injury occur in a about home, on farm, in industrial clase, in public place? While at work! (a) Means of injury (b) Means of injury (c) M. D. or other) Address Date signed: 1.— (State) (State)	
į ll	(Licensed Embalmer's Statement on Reverse Side)		



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse	e side of this certificate was embalmed by me, or by
Fred I levath 3343	, Registered Apprentice No
working under my personal supervision.	_

Licensed Embalmer No. 32 3 6

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, above space should be left blank.