, <u>, ,                                 </u>		<b></b>	
S. No. 2 M2-43	DEPARTMENT OF COMMERCE STATE BOARD OF HEALTH OF MISSOURI  BURBAU OF THE CENSUS  STANDARD CERTIFICATE OF DEATH  State File No. 892		39
. 5-17-39	FILED IAN 3 0, 1947 STANDARD CERTIF	٠	
VI X35697	Registration District No	trict No. 30 23 Registrar's No. 16	
12	1. PLACE OF DEATH;	2. USUAL RESIDENCE OF DECEASED:	(2.2
' 78	(a) County Herry	Marine SIE	17,2
Z ECORD	(b) City or town	Barales	2
<b>少</b> 日	(If outside city or town limits, write "RUBAL" and name of township)  (6) Name of proprietal or institution:	(If outside city or town limits, write "RURAL"	<del>,                                    </del>
<u> </u>	7 north 3rd 2 Clinton Mo	(d) Street No.	
	(If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution	(If rural, give location)	
PERMANENT	In this community 10 Marths (Specify whether	(e) Citizen of foreign country?	.(Yes or No)
M.	years, months or days)	If yes, name country	* .
na.	3. (a) PRINT	MEDICAL CERTIFICATION	
A P	FULL NAME CLUGILLE & NUMBER OF THE STATE OF	20. DATE OF DEATH: Month day 9	
	3. (b) If veteran, 3. (c) Social Security	year 194-7-hour 5 minute	<b>₹</b> \$₹
, Make	name war 16 No	21. I hereby certify that I attended the deceased from	
. 목	5. Color or 6. (a) Single, widowed, married.		, 1817;
- ¥	4. Sex J race W divorced M	that I last saw h. Ca. alive on.	19.1-7
Z	6. (c) Age of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	Duration
: Š	7. Birth date of deceased July 1982	Immediate cause of death.	Deste
BLA	7. Birth date of deceased (Month) (Day) (Year)	YS A	م ماهم
n	8. AGE: Years Months Days If less than one day	Due to Dupetternia	
U 1	1 o. were rest intouched belo i tricostranouched		
Ž	1 1 1 12		- Aller
, DIQ	64 6 12 hr. min.	Due to	
VFADIN	9. Birthplace Bantan Curity NO ()		
UNFADING	9. Birthplace Baseline County (Sate or foreign country)	Due to	
SE UNFADIN	9. Birthplace Garata Causty Ho () (City, town, or county) (Sate or foreign country)  10. Usual occupation	Due to	
USE UNFADIN	9. Birthplace Baseline County (Sate or foreign country)	Other conditions (Iaclude pregnancy within 3 months of death)	PHYSICIAN
-nse	9. Birthplace Garata Causty Ho () (City, town, or county) (Sate or foreign country)  10. Usual occupation	Other conditions. (Include pregnancy within 3 months of death)	
-nse	9. Birthplace Santas Canada (City, tywn, or country)  10. Usual occupation (Sate or foreign country)  11. Industry or business	Other conditions. (Include pregnancy within 5 months of death)  Major findings: Of operations.	Underline the cause to which death
-nse	9. Birthplace (City, town, or county)  10. Usual occupation (State or foreign country)  11. Industry or business  12. Name Mah Kuruan	Other conditions (Iaclude pregnancy within 3 months of death)	Underline the cause to which death should be charged sta-
-nse	9. Birthplace Garage Curvey  10. Usual occupation  11. Industry or business  12. Name Park Kurvey  13. Birthplace (City, toyan, or county)  14. Maiden name (City, tayan, or county)  15. Birthplace Red Kurvey  16. Is. Birthplace Red Kurvey  17. State or foreign country)	Other conditions. (Include pregnancy within 5 months of death)  Major findings: Of operations.  Of autops	Underline the cause to which death should be
-nse	9. Birthplace (City, town, or county)  10. Usual occupation.  11. Industry or business  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  15. Birthplace (City, town, or county)  (City, town, or county)  (State or foreign country)	Other conditions. (Include pregnancy within 5 months of death)  Major findings: Of operations.	Underline the cause to which death should be charged sta-
WRITE PLAINLY—USE UNFADIN	9. Birthplace (City, town, or county)  10. Usual occupation (City, town, or county)  11. Industry or business  Example (City, town, or county)  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  (State or foreign country)  15. Birthplace (City, town, or county)  (State or foreign country)  16. (a) Informant (City, town, or country)	Other conditions. (Include pregnancy within 3 months of death)  Major findings: Of operations.  Of autops:  22. If death was due to external causes, fill in the following:	Underline the cause to which death should be charged sta-
-nse	9. Birthplace City, town, or county)  10. Usual occupation (City, town, or county)  11. Industry or business  Example (City, town, or county)  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  15. Birthplace (City, town, or county)  16. (a) Informant (City, town, or county)  16. (b) Address 767 243 Charley (Maiden)	Other conditions. (Include pregnancy within 3 months of death)  Major findings: Of operations Of autops:  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify). (b) Date of occurrence. (c) Where did injury occur?	Underline the cause to which death should be clurged sta- tistically.
-nse	9. Birthplace (City, town, or county)  10. Usual occupation (City, town, or county)  11. Industry or business  Example (City, town, or county)  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  (State or foreign country)  15. Birthplace (City, town, or county)  (State or foreign country)  16. (a) Informant (City, town, or country)	Other conditions. (Include pregnancy within 5 months of death)  Major findings: Of operations  Of autops  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify).  (b) Date of occurrence.	Underline the cause to which death should be clininged sta- itistically.
-nse	9. Birthplace (City, town, or county)  10. Usual occupation.  11. Industry or business  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  15. Birthplace (City, town, or county)  16. (a) Informant (City, town, or county)  16. (b) Address 769 M3 Charles M0  17. (a) Access 169 Date thereof	Other conditions. (Include pregnancy within 5 months of death)  Major findings: Of operations  Of autops:  Of autops:  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify).  (b) Date of occurrence. (c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in page 2.	Underline the cause to which death should be clininged sta- itistically.
-nse	9. Birthplace (City, town, or county)  10. Usual occupation.  11. Industry or business  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  15. Birthplace (City, town, or county)  16. (a) Informant (City, town, or county)  17. (a) (Burial, cramation, or removal)  (b) Date thereof (Month) (Day) (year)	Other conditions (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopst  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)  (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in great and the conditions of the c	Underline the cause to which death should be clininged sta- itistically.
-nse	9. Birthplace (City, town, or county)  10. Usual occupation.  11. Industry or business    12. Name	Other conditions. (Include pregnancy within 5 months of death)  Major findings: Of operations  Of autops  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify).  (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in page of the county of the coun	Underline the cause to fehich death should be clininged sta- itistically.  (State) public place?
-nse	9. Birthplace (City, town, or county) 10. Usual occupation.  11. Industry or business    12. Name	Other conditions. (Include pregnancy within 3 months of death)  Major findings: Of operations.  Of autoper  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify).  (b) Date of occurrence. (c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in page (Specify type of place)	Underline the cause to which death should be clarged sta- listically.  (State) public place?
-nse	9. Birthplace (City, town, or county)  10. Usual occupation.  11. Industry or business    12. Name	Other conditions. (Include pregnancy within 5 months of death)  Major findings: Of operations  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)  (b) Date of occurrence (c) Where dld injury occur?  (d) Did injury occur in or about home, on farm, in industrial place, in programmer of the program	Underline the cause to which death should be clarged sta- listically.  (State) public place?

## 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.	

Licensed Embalmer No. 3038

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.