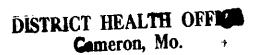
		3795
Registration District No. 374 Primary Registration Dist	rict No. 62-73-4547 Registrar's No	3
1. PLACE OF DEATH:  (a) County A County  (b) City or town  (If outside city or town limits, write "REFAL" and name of township)  (c) Name of hospital or institution;  (If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution  (Specify whether In this community years, months or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County (ii) County (if octating city or town limits, write "RU (if octating city or town limits, write "RU (if rural, rive location)  (c) Citizen of foreign country? (if rural, rive location)  (d) Street No. (If rural, rive location)  (e) Citizen of foreign country? (if yes, name country). (if yes, name country).	(Yes or No)
3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month day year 1947 hour H Stark minute	Рм.
name war    Social Color of the Single, widowed, married divorced with the state of	21. I hereby certify that I attended the deceased from 19. 17. to 7 fam. ( that I last saw h	PHYSICIAN  Underline the cause to which death should be charged statistically.
(City, town opcodity)  16. (a) Informant  (b) Address  17. (a) (b) Date thereof  (Burisl, cremation, or removal)  (c) Place: burial or cremation  18. (a) Signature of funeral director  (b) Address  19. (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Address Date	Oor other)
	Registration District No	STANDARD CERTIFICATE OF DEATH  Registration District No



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on th	e reverse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
working under my personal supervision.	Signed John C. Dunfel

Licensed Embalmer No. 3252
P. O. Address Frank City MO.

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.