No. 2 -12-45 5-17-39	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH State File No. 4436		
I X47070	Registration District No. Primary Registration District	et No. 7 Registrar's No. 7	
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	FILED FEB 10 00127	2. USUAL RESIDENCE OF DECEASED: (a) State. Mo. (b) County. (c) City or town. (If fedalde city or town limits, write "RURAL" (d) Street No. (If rural, give location)	(Yes or No)
	9. Birthplace (City, fown, or county) 10. Usual occupation (City, fown, or county) 11. Industry or business 12. Name (Cold, 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 (State or foreign country) 16. (b) Address (Burial, cremation, or removal) (c) Place: burial or cremation, (Double of the country) 18. (c) Signature of funeral director (Month) (Day) (Year) (b) Address (Double of the country) (City, town, or country) (Burial, cremation, or removal) (City, town, or country) (City, town, or country) (State or foreign country) (Month) (Day) (Year) (Burial, cremation, or removal) (City, town, or country) (City, town, or country) (Burial, cremation, or removal) (City, town, or country) (City, town, or country) (State or foreign country) (Month) (Day) (Year) (City, town, or country) (City, town, or country) (Burial, cremation, or removal) (City, town, or country) (City, town, or country) (State or foreign country) (Month) (Day) (Year) (City, town, or country) (City, town, or country) (Burial, cremation, or removal) (City, town, or country) (City, town, or country) (State or foreign country) (Month) (Day) (Year) (City, town, or country) (City, town, or country) (State or foreign country)	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Of autopsy 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 p (Specify type of place) While at posts? (c) Means of injury 23. Signature Address.	PHYSICIAN Underline the cause to which death should be charged statistically. (State) sublic 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.	
	Signed Jahren / James

P. O. Address P.

Licensed Embalmer No.

If this body is not embalmed, fact should be so stated above.