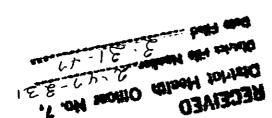
S. No. 2 0M-2-43	DEPARTMENT OF COMMERCE STATE BOARD OF HIS BURBAU OF THE CRISES 1 4087 STANDARD CERTIF		8804
v. 5-17-39 I X35697	Registration District No. 2 Primary Registration Dist	rict No. 42 / Registrar's N	75
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD &	Registration District No.  1. PLACE OF DEATH:  (a) County.  (b) City or town.  (c) Name of hospital or institution:  (If not in hospital or institution.  (If n	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City of cown (If outside city or town limits.  (d) Street of foreign country?  (e) Citizen of foreign country?  MEDICAL CERTIFICATION  20. DATE OF DEATH: Month. 3 - 26 - 41 da	Write "RURLS")  (Yes or No)  (Yes or No)
	(b) Address  19. (a) 3-27-77 (b) 1 Alemany (Date received local registrar) (Herbitrar's signature)	Address Windson Mo	(M. D. or other) (L)  Date signed 3. 26 - 47.
	(Licensed Embalmer's St	atement on Reverse Side)	



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of t	his certificate was embalmed by me, or by
July Minson	Registered Apprentice No. 434
working under my personal supervision.	, Registered Apprentice 110

P. O. Address.

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.