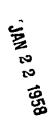
		THE STATE BOARD OF PARTIES		State Eile Me	13074
FILED A Registration Distr	PR 28 1947			Registrar's No	35
FLED A Registration Distr 1. PLACE OF I (a) County (b) City or town (c) Name of hose (d) Length of state In this community years, months or d 3. (a) PRINT FULL NAME 3. (b) If veteran name war. 4. Sex Fema 4. Sex Fema 7. Birth date of d 8. AGE:	PR 28 1947 ict No. DEATH: Gentry — Albany R.R. (If outside city or fown limits, write stream) it in hospital or institution, write stream; In hospital or institution, write stream; In hospital or institution, write stream; Al Yrgany) EVA Jane Alle No. 1e / S. Color or race. Can; usband or wife. deceased. July (Month) Years Months Days 74 8 26 At. Pleant	Primary Registration District Annual Primary Registration District Annual Primary Registration District Annual Primary Registration District Annual Primary Registration District Registration Primary Registration District Registration Primary Registration District Registration Primary Registration District R	2. USUAL RESIDENCE OF (a) State HO (c) City or town Albany (if (d) Street No	(b) County Gen H.R. # 1 — A outside city or town limits, write (If rurel, give location) NO CAL CERTIFICATION h A pril day hour 3:30 m ded the deceased from 1947, to face and hour stated above.	(Yes or No)
10. Usual occupat 11. Industry or br 22. Name 12. 13. Birthplace 14. Maiden n 15. Birthplace 16. (a) Informan (b) Address 17. (a)	(City, town, or county) ion Houseworl rsiness Same Nm:H.Clevenge; (City, town, or county) ame Hannah L. (City, town, or county) than or county) than city Mc King City Mc	Ohio. Class (State or foreign country) ennings chereof Pril 6.194 (Month) (Day) (Year)	23. Signature Character Address Clbar	(City or town) (Co- home, on farm, in industrial (Specify type of place) (e) Means of injur	unty) (State) place, in public place?



DISTRICT HEALTH OFFICE Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	ne reverse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
working under my personal supervision.	PGT +

Licensed Embalmer No. 2565

P.O. Address King City Mo

Note: The above MUST BE SIGNED BY THE LIGENSED 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.