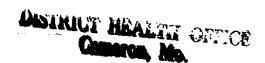
7. S. No. 2 00M—2-43	DEPARTMENT OF COMMERCE STATE BOARD OF HE BUREAU OF THE CENSES AND CONTURN CONT	EALTH OF MISSOURI	959
ev. 5-17-39 I X35697	1 1 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. 11118 31	
00M—2-43 ev. 5-17-39	Registration District No. 374 Registration District No. 374 Primary Registration District No.	FICATE OF DEATH State Pile No.	CYES OF NO) CYES OF NO) Duration Duration PHYSICIAN Underline the cause to which death should be
PLAIN	(2tr Cown, or county) (Stap of foreign country)		the cause to which death
7RITE	16. (a) Informant Charlie Danne	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	-//2
	(b) Address 17. (a) Burial cremation or removal) (Burial cremation or removal) (Month (Day) (Year)	(c) Where did injury occur?(City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in	(Stote)
:-	(c) Place: burial or cremation than fity Cemela 18. (a) Signature of funeral director	. While at work? (c) Means of jajury.	A Parity placer
Ì	(b) Address Transfer Means (b) Atta & Duron (Projector's signature) 4.45	23. Signature Arch C Junflen	miner) Con.
	(Licensed Embalmer's Sta	Date dgile	05-3-4/



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse sid	e of this certificate was eп	ıbalmed by n	ne, or by	
I hereby certify that the body whose name is	us Op	, Registered	Apprentice	No	····
working under my personal supervision.		α	1	1	

Licensed Embalmer No. 42

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure & comply with the above constitutes grounds for revocation of license.)

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