MISSOURI DIVISION OF HEALTH S. No. 2 FEDERAL SECURITY AGENCY d-1/47 STANDARD CERTIFICATE OF DEATH ational Office of Vital Statistics State File No..... . 5-17-39 Primary Registration District No. 3023 Registrar's No .... Registration District No ..... 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) County..... (If outside city or town limits, write "RURAL" and name of township) outside city or town limits, write "RURAL") (c) Name of hospital or institution: (If not in hospital institution, write street sumber or location) (e) Citizen of foreign country?...... In this community.....years, months or days) PERMANENT If yes, name country..... MEDICAL CERTIFICATION 3. (a) PRINT FULL NAME ... 20. DATE OF DEATH: Month..... 3. (c) Social Security No. 3. (b) If veteran, year 194 J hour S minute 15 21. I hereby certify that I attended the deceased from..... -/0 19×/, to 6. (a) Single, widowed, married 5. Color or divorced A UNFADING BLACK INK-MAKE and that death occurred on the date and hour stated above. 6. (c) Age of husband or wife if Name of husband or wife. Immediate cause of death..... alive — years (Month) (Day) (Tear) Days If less than one day 8. AGE: **Уеат**в Months 9. Birthplace..... (State or foreign country) 10. Usual occupation..... (Include pregnancy within 3 months of death) PHYSICIAN 11. Industry or business...... Major findings: 12. Name..... Of operations..... Underline the cause of which death abould be 14. Maiden name .... charged sta-22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)...... 16. (a) Informant.... WRITE PLAINLY (b) Date of occurrence..... (c) Where did injury occur?....(City or town) (Burian, tremation, or removal) (d) Did injury occur in or about home, on farm, in industrial place, in public . (c) Place: burial or cremation. (Specify type of place) 18. (a) Signature of funeral dire While at work (Date received local registrar) Jefferson City Printing Co.

RECEIVED Number 6. 47-455.5
District File Number 6. 47-45.5

ALTENED ALMON No. 7,

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaimed by me, or by working under my personal supervision.

Signed Mulleuson
Licensed Embalmer No. 2456

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.

leuton Ho