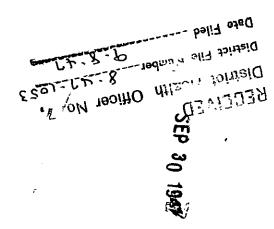
No. 2 MISSOURI DIVISION OF HEALTH FEDERAL SECURITY AGENCY STANDARD CERTIFICATE OF DEATH ional Office of Vital Statistics State File No..... 5-17-39 Primary Registration District N. 3023 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) County Hens (If outside city or town limits, write "RURAL" and name of township (c) Name of hospital or institution: (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. In this community...... If yes, name country..... MEDICAL CERTIFICATION 20. DATE OF DEATH: Month......9 3. (c) Social Security No. 3, (b) If veteran, 21. I hereby certify that I attended the deceased from. 5. Color or 6. (a) Single, widowed, married and that death occurred on the date and hour stated above. 7. Birth date of deceased (Month) (Day) (Year) If less than one day 8. AGE: Years Months Davs . (State or foreign country) 10. Usual occupation ... (Include pregnancy within 3 months of death) **PHYSICIAN** Major findings: Of operations..... the cause of (State or foreign country) which death (City, town, or county) should be charged sta-15. Birthplace 22. If death was due to external causes, fill in the following: (State or foreign country (a) Accident, suicide, or homicide (specify)...... 16,-(a) Informant. (b) Date of occurrence..... (c) Where did injury occur?...... (City or town) (Burial, cremation, 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) (e) Means of injur (Date received local registrar) Jefferson City Printing Co.



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	
vorking under my personal supervision.	Signed & E. Correalus

Licensed Embalmer No....

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.