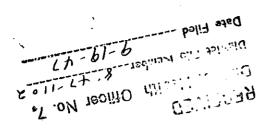
MISSOURI STATE BOARD OF HEALTH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH State File No ... v. 5-17-39 ₽I X29484 Registration District N Primary Registration District No. Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: 3a -MAKE A PERMANENT RECORD (a) County .. (b) County City or town.. (If outside city or town limits, write "RURAL" and name of township) Name of hospital or institution: (If outside city or town limits, write "RUHAL") (If not in hospital or institution, write street number or location) (d) Street No. (If rural, give location) 100/12 (d) Length of stay: In hospital or institution. (Specify whether (e) Citizen of foreign country?. In this community..... years, months or days) If yes, name country..... MEDICAL CERTIFICATION 3. (a) PRINT FULL NAME., 20. DATE OF DEATH: Month 3. (c) Social Security 3. (b) If veteran, 5. Color or 6. (a) Single, widowed, married divorced /VIARXIQI UNFADING BLACK INK and that death occurred on 6. (c) Age of husband or wife if Duration Immediate cause of death 876 7. Birth date of deceased. (Month) (Year) (Day) 8. AGE: Years Months Days If less than one day 9. Birthplace... (State or foreign country) -OSE (Include pregnancy within 3 months of death) PHYSICIAN 11. Industry or business. Major findings: Of operations. Underline the cause to which death (State or dereign country) Of autopsy..... should be charged statistically. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)........... (b) Date of occurrence. (c) Where did injury occur?..... (City or town) (County) (Dax) (Year) (Burial, cremation, or removal) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation. (Specify type of place) 18. (a) Signature of funeral director. While at work Date signed. (Date received local registrar) (Licensed Embalmer's Statement on Reverse



WIL 101852

STATEMENT BY LICENSED EMBALMER

I hereby certify that the bod	y whose name is recorded on the reverse side of this certificate was embalmed by me, or by
	Registered Apprentice No
rking under my personal supe	

Signed Oscar Eakhoff

Licensed Embalmer No. 35 x 2

O. Address Cyplita Cit yu

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.