Primary Registration District No. 2023 Registration District No 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) County..... (c) City or town. (If outside city or town limits, write (c) Name of hospital or institution: (If no in hospital or institution, write street number (d) Length of stay: In hospital or institutions (e) Citizen of foreign country?..... In this community...... PERMANENT If yes, name country..... MEDICAL CERTIFICATION TACK HATTON HO 20, DATE OF DEATH: Month 3. (b) If veteran, 21. I hereby certify that I attended the deceased from, 5. Color or 6. (a) Single, widowed, maeried, and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife....... 6. (c) Age of husband or wife it Immediate cause of death 7. Birth date of deceased.....(Month) K (Year) 8. AGE: Years Months Days If less than one dayhr.min, (City, town, or county) (State or foreign country) UNFADING 10. Usual occupation. Jacks (include pregnancy within 3 months of death) Industry or busines Major findings: Of operations..... 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)..... PLAINLY (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 piace) 18. (a) Signature of funeral d (e) Means of injury. (Date received local registrar) Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

1/47

17-39

MISSOURI DIVISION OF HEALTH

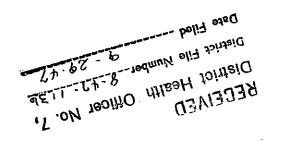
STANDARD CERTIFICATE OF DEATH

State File No Registrar's No

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.



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

STATEMENT BY LICENSED EMBALMER

P. O. Address

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.