Registration District No. J. Primary No. J. Primary Registration District No. J. Prin	No. 2 -1/47 -17-39	FEDERAL SECURITY AGENCY National Office of Vital Statistics THEN OCT 20 1047	MISSOURI DIVIS		34 State File No	276		
(a) County town many many many many many many many man			Primary Registration Dist	rict No.3023	Registrar's No	19		
In this community.  It yes, mante country    If yes, mante country	ک <u>۾</u>	(a) County	rite "RURÁL" and name of township)	(c) City or town	ton Ru	ush o		
Sear		(If not in hospital or institution, writed)  (d) Length of stay: In hospital or institution	2 weeks			(Yes or No)		
5. Calor of 6. (a) Single, widowed, married, divorced. (1947) to 1947	LNS	years, months or days)						
4. Sex divorced divor	[AN]	FULL NAME(	VA HOPPE					
4. Sex divorced divor	ERM		3. (c) Social Security No.	year 1947 hour minute 15 PM				
4. Sex		5. Color of   6. (a) Single, widowed, married,		II				
8. AGE: Years Months Days If less than one day 9. Birthplace (City, town, or county) (State or foreign country) 10. Usual occupation (City, town, or county) (State or foreign country) 11. Industry or business. (Include pregnancy within 3 months of death) 12. Name. (City, town, goodhiy) (State or foreign country) 13. Birthplace. (City, town, goodhiy) (State or foreign country) 14. Maiden name. (City, town, goodhiy) (State or foreign country) 15. Birthplace. (City, town, goodhiy) (State or foreign country) 16. (a) Informant. (City, town, goodhiy) (State or foreign country) 16. (a) Informant. (City, town, goodhiy) (State or foreign country) 16. (a) Informant. (b) Date thereof (Date) (City or foreign country) 17. (a) (City town, goodhiy) (State or foreign country) 18. (a) Signature of function, or remoral (b) Date thereof (Date) (City or fown) (Country) (State) 19. (a) Address. (city fown) (Country) (State) (Date of or foreign country) (Date or foreign country)  19. (a) Address. (City, town, goodhiy) (State) (City fown) (Country) (State) (City or fown) (Country) (City or fown) (Country) (City or fown) (Country) (State) (City fown) (City fown) (Country) (City fown) (City fown) (City fown) (Country) (City fo			divorceum	that I last saw h. alive on.	10-18			
8. AGE: Years Months Days If less than one day 9. Birthplace (City, town, or county) 10. Usual occupation (City, town, or county) 11. Industry or business. 12. Name. 13. Birthplace. 14. Maiden name. 15. Birthplace. 16. (a) Informant. 17. (a) (City, town, or county) 18. (b) Address 19. (a) Address 10. (b) Address 10. (c) Signature of funeral director (Cites family of the county) 19. (a) Address 19. (a) Ad	MA)	6. (b) Name of husband or wife	$\mathcal{M}_{\bullet}$		and nour stated above.	Duranos		
8. AGE: Years Months Days If less than one day  9. Birthplace (City, town, or county)  10. Usual occupation Days (State or foreign country)  11. Industry or business (Include pregnancy within 3 months of death)  12. Name Major findings: Of operations (City, town, occupity)  13. Birthplace (City, town, occupity) (State or foreign country)  14. Maiden name Major findings: Of operations (City, town, occupity)  15. Birthplace (City, town, occupity) (State or foreign country)  16. (a) Informant (City, town, or country)  17. (a) (City, town, or country) (State or foreign country)  18. (a) Signature of funeral director (Month) (Days (Can)) (Country) (State)  (b) Date of occurrence (City or town) (Country) (State)  (c) Place: burial or cremation (Month) (Days (Can)) (Country) (State)  (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of piace)  (a) Address (Specify type of piace)  While at work? (Specify type of piace)	NK-	7. Birth date of deceased		Chronie 7	nyocodilis	62710		
10. Usual occupation			<u> </u>					
Other conditions.  (Include preparage within 3 months of death)  11. Industry or business.  12. Name		9. Birthplace (City, town, or county)	(State or foreign country)	Dut (0				
(City, town, ocounty)  (State or foreign country)  (City, town, or country)  (City, town, or country)  (City, town, or country)  (A) Accident, suicide, or homicide (specify)  (b) Address  (c) Where did injury occur?  (City or town) (Country) (State)  (City or town) (Country) (State)  (City or town) (Country) (Month) (Day) (Year)  (b) Address  (c) Place: burial or cremation  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (e) Means of injury  (f) Address  (g) Means of injury  (h) Date received local registrar) (h) Address  (M. D. or other)  Address  Address  Date signed  (State or foreign country)  (A) Address  (City town) (Country) (State)  (City or town) (City or town)	OIN	11	e work	Other conditions	of death)			
(City, town, ocounty)  (State or foreign country)  (City town, or country)  (City town, or country)  (City town, or country)  (A) Accident, suicide, or homicide (specify)  (b) Address  (c) Where did injury occur?  (City or town) (Country) (State)  (City or town) (City or town)	(FA)	1 /	Deiland -	Major findings:	- P	PHYSICIAN		
Of autopsy		13. Birthplace	retzerland?	Or operations,,,,	<u> </u>	the cause of		
(c) Place: burial or cremation.  (d) Address.  (e) Address.  (f) Address.  (f) Address.  (f) Address.  (f) Address.  (f) Address.  (f) Accident, suicide, or homicide (specify).  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (specify type of place)  While at work?  (g) Means of injury.  (g) Means of i	ING	(City, town, Dodding)	(State or loreign country)	Of autopsy		. should be charged sta-		
(b) Date of occurrence  (c) Where did injury occur?	_Us	(City town, or county)	(State of foreign country)		_			
(c) Place: burial or cremation.  18. (a) Signature of funeral director.  (b) Address.  (b) Address.  (b) Address.  (b) Address.  (c) Place: burial or cremation.  (d) Means of injury.  (e) Means of injury.  23. Signature.  24. Local Means of injury.  (M. D. or other).  (M. D. or other).  Address.  Date signed.  Date signed.	LY-	_ 10.1 ·	en / Traum	(b) Date of occurrence				
(c) Place: burial or cremation.  18. (a) Signature of funeral director.  (b) Address.  (b) Address.  (b) Address.  (b) Address.  (c) Place: burial or cremation.  (d) Means of injury.  (e) Means of injury.  23. Signature.  (M. D. or other).  (h) Address.  (h) Date received local registrar).  (h) Address.  (h) Address.  (h) Date signed.	NIA	17 (a) Bur 1 (b)						
18. (a) Signature of funeral director. While at work? (Specify type of place)  (b) Address. (b) Address. (b) R. R. R. R. R. L.		(Burial, cremation, or removal)	(Month) (Day) (Year)	(a) Did injury occur in or about l	home, on farm, in industrial place			
19. (a) 10-30-47 (b) 12. Manual (c) Address (Date received local registrar) (Registrar's signature (1) 10) Address (Date Signature)	HTE	1	Ens alm Her.	<u> </u>	(Specify type of place)			
	WR	19. (a) 10-20-47 (b) 1	TR Kenny	23. Signature	alfus (M. D. or	34		
					Date sign	0-20		

RECEIVED Officer No. 71.
District File Number 10.27-1253

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on t	the reverse side of this	certificate w	/as embalmed	by me, or	by
		Registered	Apprentice 1	νо,	
orking under my personal supervision.	^	~			

Signed & Consolu

Licensed Embalmer No.

P. O. Address Classics

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.