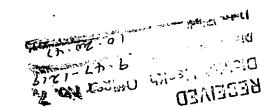
| 1                  |  |   |
|--------------------|--|---|
| S. No. 2<br>0M2-43 |  | EALTH OF MISSOURI   |
| v. 5-17-39         | BURBAU OF THE CENSUS STANDARD CERTIF   | FICATE OF DEATH State Pile No. 34283  |
| <b>№</b> I X35897  | FILED OCT 23 1947  | (19.10.   |
|                    | Registration District No. Primary Registration Dist  | rict No. 42/8 Registrar's No. 2//   |
|                    | 1. PLACE OF DEATH;   | 2. USUAL RESIDENCE OF DECEASED:   |
| \ e                | (a) County Henry   | (a) State State (b) County Seeman 72  |
| # 6 H              | (b) City or town was last.   | (a) State (b) County Year   |
| RECORD             | (If outside city or town limits, write "RURAL" and name of township)  (c) Name of hospital or institution: | (f) City or town (If outside city or town limits, write "RURAL")                      |
|                    | Community Foshelal   | (d) Street No.  |
| O F                | (If not in hospital or institution, write street number or location)                                       | (If rural, give location)   |
| Ē                  | (d) Length of stay: In hospital or institution (Specify whether  | (e) Citizen of foreign country? (Yes or No)   |
| ₹                  | In this community  | (3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5  |
| PERMANENT          | years, months or days)   | If yes, name country  |
| E                  | 3. 6) PRINTTEddy LEC Barrow  | MEDICAL CERTIFICATION   |
| A E                |  | 20. DATE OF DEATH: Month day  |
|                    | 3. (c) Social Security   | year 1947 hour 12 minute 0 Trace  |
| MAKE               | name warNo   | 21. I hereby certify that I attended the deceased from                                |
|                    | 5. Color or 6. (a) Single, widowed, married,   | 1047 to Qat 11 1067   |
| INK                | 4 salvorced sample   | that I last saw have alive on Oel //  |
| · [ ]              | 6. (b) Name of husband or wife 6. (c) Age of husband or wife if  | and that death occurred on the date and hour stated above.                            |
| _                  | alive years  | Immediate cause of death  |
| ij                 | 7. Birth date of deceased Oct // 1947  | Conquital Heatlerin huy   |
| BLACK              | (Month) (Day) (Year)   | Blue baby   |
|                    | 8. AGE: Years Months Days If less than one day   | Due to Engelling & Illand   |
| J Z                |  | N L   |
| " 📮                | hr. SM min.  | Due to  |
| UNFADING           | 9. Birthplace W malsoy   | 745 0   |
| · 🔁                | (City, town, or county) (State or foreign country)   | Ohan and distance   |
| Ħ                  | 10. Usual occupation.  | Other conditions  |
| USE.               | 11. Industry or business   | PEYSICIAN   |
| ,l.                | II 12. Name Lucia Buroter  | Major findings:   |
| - <u> </u>         | E P. O.  | Underline the cause to  |
| Z                  | (Cft), town of county) State of foreign country)   | which death   |
| <u> </u>           |  | charged sta-  |
| WRITE PLAINLY      | 14: Maiden name Rylly County Sw  | 22. If death was due to external causes, fill in the following:                       |
| Ë                  | (City, town, o county) (State or foreign country)  |   |
| ₹                  | 16. (a) Informant August 1   | (a) Accident, suicide, or homicide (specify)  |
| . 💆                | (b) Address W MACON MW K 3.  | (b) Date of occurrence  |
|                    | 17. (a) Bassial (b) Date thereof 10 12 1937  | (c) Where did injury occur?   |
| ٠, ا               | (Burial, cramation, or removal) (Month) (Day) (Year)   | (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)   |
| J                  | 18. (a) Signature of funeral director  | While at work? (c) Means of injury.   |
|                    | (b) Address  | 23. Signature (M. D. grott  |
|                    | 19. (a) (Dete received local registrer) (Registrar's signature) (770)                                      | Address Wildon 4000 Date signed /a 18 49  |
|                    |  |   |
|                    | (Licensed Embalmer's Statement on Reverse Side)  |   |



## 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

·

working under my personal supervision.

Registered Apprentice 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.