י יולונים דירם	15 1040	THE DIVISION OF HE	ALTH OF MISSOURI		
FEB FEB	10 1949	STANDARD CERTIF	ICATE OF DEATH	State File No	1071
BIRTH NO		_ REG. DIST. NO		Registrar's No	38
I. PLACE OF DEA	<del>тн</del> У <i>F</i> ъ Р Ч		a. STATE MUSS	' . E COUNTY >	etitution: residence before admission).
b. CITY (II outside cor OR TOWN	purate limite, write l	RURAL and give c. LENGTH OF STAY (in this place)	c. CiTY (If outside corporate I. OR TOWN	imits, write BURAL and give tow	mahip)
d. FULL NAME OF OR HOSPITAL OR INSTITUTION	if not in hospital or	institution, give street address or location)	II ADDRESS	aral, give location) outh Ind	x 0
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
5. SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	A DATE OF BIRTH	9. AGE (In years of those last birthday) Months	1/ 1949 I I TEAR   F DECER 21 HES. Days   Hours   Min.
Temace / L 10a. USUAL OCCUPATIO doze during most of working		10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or fore)	lga country)	12. CITIZEN OF WHAT COUNTRY?
3a. FATHER'S NAME	voys	13b. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIL	FE (L. S.A.
Charles So. 15. WAS DECEASED EVE (Yes, no, or unknown) (II	r IN U.S. ARMED	at service) // NO.	17, INFORMANT'S SI	GNATURE OR NAME	ADDRESS
<u>no 1</u>	no	non!	Laura Hick	man Co	L.INTERVAL BETWEEN
18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c)  Interval between onset and death  Interval between onset and death					
*This does not mean the mode of dying, such	ANTECEDENT C	<b></b>	white	cleron	_
as heart failure, asthenia. rise to the above cause (a) stating the underlying cause last.					
ease, injury, or complica- tion which caused death.	Conditions contri	IFICANT CONDITIONS ibuting to the death but not age or condition causing death.			-
19a. DATE OF OPERA-		IDINGS OF OPERATION	4	y0/	20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., ste.)	21c. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)	(STATE) -
21d. TIME (Mosth) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY OCCU	R?	
22. I hereby certify t	hat I attended	0-	5, 1949, to Feb.	- · · · · · · · · · · · · · · · · · · ·	st saw the deceased
23a. SIGNATURE	0m	(Degree or title)	236. ADDRESS 105 & Ohio	had	23c. DATE SIGNED
24a. BURTAL, CREMA	245 DATE	24c. NAME OF GEMETER	RY OR CREMATORY 240. L	OOATION (City, town, or con	nty) (State) 77
DATE REC'D BY LOCAL REG	REGISTRAR'S	777777	25. FUNERAL DIRECTOR'S	<u> </u>	DODESS
100 11-17	1 10 01	1011100	Statement on Reverse Side)	THERE	MINEN !!

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District Health Officer No. Ofetrica File Mumber 1-49-81 Date Filed 2.14 4

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I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embaleer No
working under my personal supervision	

Licensed Embalmer No ... P. O. Address.

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.