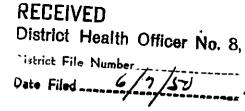
		THE DIVISION OF HE			4 17174 Q
filed jui	N 8 1950	STANDARD CERTIF	FICATE OF DEAT	TH State File N	L L LO
BIRTH NO		REG. DIST. NO. 274	PRIMARY REG. DIST. N	10. <i>593</i>]. Registrar's	N. 207
1. PLACE OF DEA	ATH		2. USUAL RESIDE		f institution: residence b
a. COUNTY	ettis		a. STATE Misson	b. COUNTY	Pettis
b. CITY (If outside ec		RURAL and give C. LENGTH OF		rate limits, write RURAL and give	township) A & V
TOWN Rural	Lake Cr	C. LENGTH OF STAY (In this place	TOWN Rural		ownship 0
d. FULL NAME OF (HOSPITAL OR INSTITUTION F		institution, give street address or location) I.E. of Mora, Mo.	ADDRESS _	(Mrs.al, give location) les North East	t of Mora.
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		
DECEASED (Type or Print)	717337733#			OF .	
	HENRY COLOR OR RACE	1.7 MARRIED NEVER MARRIED	VAJEN I 8. DATE OF BIRTH		
0 "		WIDOWED, DIVORCED (Specify)	'	last birthday) Mon	nths Days Hours M
Male (White	Wadowed 7	Nov 28 186	<u> </u>	
done during most of world		10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF W
<u> Farm Owne</u>		Farm	Hanover Ger		U.S.A.
3a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND OR	WIFE
John Vajan		Kathryn L		Anna Vaien	
5. WAS DECEASED EVE (Yee, no, or unknown) (II	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR NAME	ADDRES
No		None	Otto Vajen	Mora.	Missouri.
18. CAUSE OF DEATH		MEDICAL O	ERTIFICATION //	4	INTERVAL BETWO
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	CONDITION ON TO DEATH*(a)	sal 100	runchase	14/6
*This does not mean the mode of digns, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	the underlying car II. OTHER SIGNI Conditions contri	e if any giging DUE TO (b)	Ruorelei	oors Janes	331X
19a. DATE OF OPERA-	19b. MAJOR FIN	DINGS OF OPERATION	* h		20. AUTOPSY1
IION	i			•	YES NO
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (COUNTY	
Rid. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY O	CCURT	
alive onVA (2	that I attended t	the deceased from Han 1: O, and that death occurred at		e, 1950, that I causes and on the date st	last saw the decedated above.
23a. SIGNATUR#∕\	ll. 🖍	(Degree or title)	23b ADDRESS	11/2 /10	23c. DATE SIGN
<i>p</i>	VSia	MD MD	Sunth	voi no	18 / 84 S
24a. BURIAL, CREMA- TION, REMOVAL (Bootly)		24c. NAME OF CEMETER		d. LOCATION (City, town, or o	county (State
Buriel /	lluna 3	1950 Tamb Cemet	ery o P	ettis County.	Missouri
	lluna 3		ery o P	ettis County,	county (State



STATEMENT BY LICENSED EMBALMER

I here	by certify that the bo	đy whose πame i	s record e d	on the	reverse	side (of this	certificate	was	embalmed	by me	, or	by	
	***************************************						المناب	0						

working under my personal supervision.

A Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

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.