BIRTH MO.  REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 588 Registrar's No.  1. PLACE OF DEATH  a. COUNTY  Montgomery  b. CITY (If outded corpures limits, write RURAL and drive of the south)  TOWN Bellflower (Rupel)  G. FLICATION  Montgomery  C. CITY (If outded corpures limits, write RURAL and drive of the south)  DISTANCE OF DEATH  a. COUNTY  D. CITY (If outded corpures limits, write RURAL and drive of the south)  DISTANCE OF (If out in bapping or feedball)  G. FLILL NAME OF (If not in bapping or feedball)  G. FIRET (If outded corpures limits, write RURAL and drive to tenden)  J. TOWN Bellflower Prairie  G. FIRET (If rearl drive location)  J. TOWN Bellflower Prairie  J. J. J. A. J	MIED MOU	1000	THE DIVISION OF HE		_	04460
1. PLACE OF DEATH  2. COUNTY  MONT GOMEST  NOTICE OF STAY (it suited server seed throw, we repeated throw, we repeated throw, we remains)  STAY (it suited as represent throw, we remains)  APPRILE AND STAY (it suited as the remains)  APPRILE AND STAY (it suited as the remains)  NOR BEILFLOWER PRINTING  STAY (it suited as represent throw, we remains)  NOR BEILFLOWER (Month) (Day) (Year)  ON BEILFLOWER (Month) (Day) (Year)  ADRESS (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, even suited as the remains)  APPRILE AND STREET  (It read, eve	LITED MAN	8 1950	STANDARD CERTIF	ICATE OF DEATH		34192
a. STATE    S. COUNTY   Montgomery   S. LENGTI OF   C. CITY (If coulded surpressed limits, write RURAL and street   Country   C. CITY (If coulded surpressed limits, write RURAL and street   Country   C. CITY (If coulded surpressed limits, write RURAL and street township)   STAY in this place   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded surpressed limits, write RURAL and street township)   C. CITY (If coulded with limits   C	BIRTH NO		_ REG. DIST. NO. <u>228</u> _	PRIMARY REG. DIST. NO.	3808 Registrar's No.	/0
B. CITY (II outside corporate limits, write RURAL and developed in the corresponding of the c		TH	·	11 -	7.2	
b. CITY (If counties comprants limits, write RURAL and et very cornection)  OR PORN BELL FLOWER (RIPE)  OR FORM BELL COUNTY (Part Note in baptical or insatitution, circ street address or location)  OR FULL NAME OF (IT not in baptical or insatitution, circ street address or location)  OR FULL NAME OF (IT not in baptical or insatitution, circ street address or location)  OR FULL NAME OF (IT not in baptical or insatitution, circ street address or location)  OR FULL NAME OF (IT not in baptical or insatitution, circ street address or location)  OR FULL NAME OF (IT not in baptical or insatitution, circ street address or location)  OR FULL NAME OF (IT not in baptical or insatitution, circ street address or location)  IN FULL NAME OF (IT not in baptical or insatitution, circ street address or location)  OR PORT OF (IT not in baptical or insatitution, circ street address or location)  OR PORT OF (IT not in baptical or insatitution, circ street address or location)  OR PORT OF (IT not in baptical or insatitution, circ street address or location)  OR PORT OF (IT not in baptical or insatitution, circ street, circ stre		ntgomery				
TOWN Bellflower (Rirel) 7 Month 16 Fill Name of the stapical or inabituation, give street address or location)  d. FILL NAME OF CI set to be begind or inabituation, give street address or location)  d. STREET (II result, give location)  3. NAME OF CI set to be begind or inabituation, give street address or location)  3. NAME OF CI set to be begind or inabituation, give street address or location or	b. CITY (If outside cor					
d. FILL NAME OF (if not is bacycla) or hamitustice, give street address or hoesisten)  HOME HOSPITUS HOME HOME HOME HOME HOME CIYES SEX COLOR OR RACE CAYMI Beck CHAPT Oct. 21 1950  Leavy Color Of RACE White Note Very Married (ligest) Never Married (lig	TOWN -	flower (		TÖWN Bellflc	wer Prarire	070
NAME OF B. (First)  NAME OF B. (First)  DECEASED  OF DECE	d. FULL NAME OF ( HOSPITAL OR	If not in hospital or in		d. STREET (II ADDRESS	rural, give location)	4
DECASED  (7) Type or Print)  (1) Clyde  Carmi  Beck  DEATH Oct. 21 1950  5. SEX    6. COLOR OR RACE   7. MARRIED, MENER MARRIED, S. DATE OF BIRTH   9. AGE (to year by mocet) in the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded of work done during most of working life. The support of the binded life. The support of the binde	INSTITUTION					
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED,   8. DATE OF BIRTH   9. AGE (10 passed)   Months of work   Months of w	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
MALE  White  No. USUAL OCCUPATION (Circ hidd of oath lob. KIND OF BUSINESS OR IN- DUSTRY  I.B. WILLAL OCCUPATION (Circ hidd of oath lob. KIND OF BUSINESS OR IN- DUSTRY  II. BIRTHPLACE. (Black or forekts occurry)  II. DISEASE OR CONDITION  MONTHS 'S AND DEV  ***  MONTHS OR HUSBAND OR WIFE  ###  MONTHS OR HUSBAND OR WIFE  ###  III. NAME OF HUSBAND OR WIFE  ###  III. DISEASE OR CONDITION  MEDICAL CERTIFICATION  III. DISEASE OR CONDITION  III. DISEASE OR CO					UU	
MR. L. W. Mitte  100. ISUAL OCCUPATION (Christad dors)  100. ISUAL OCCUPATION (Christad Ills, weal if retired)  100. ISUAL SECURITY  100. ISUAL SECURITY  100. MOTHER'S MAME  101. MOTHER'S MAIDEN NAME  102. MOTHER'S MAIDEN NAME  103. MOTHER'S MAIDEN NAME  103. MOTHER'S MAIDEN NAME  104. NAME OF HUSBAND OR WIFE  105. MOTHER'S MAIDEN NAME  106. MITTERVIL SERVICE  107. INFORMANT'S SIGNATURE OR NAME  108. SOCIAL SECURITY  109. MOTHER'S MAIDEN NAME  109. MOTHER'S MAIDEN NAME  100. MAIDEN FINISHER OR NAME  100. MAIDEN FINISHER OR NAME  100. MOTHER'S MAIDEN NAME  100. MAIDEN FINISHER OR NAME  100. MOTHER'S MAIDEN NAME  100. MOTHER'S MAIDEN NAME  100. MOTHER'S MAIDEN NAME  107. INFORMANT'S SIGNATURE OR NAME  108. SOCIAL SECURITY  109. MOTHER'S MAIDEN NAME  109. MOTHER'S MAIDEN OF MOTHER'S MAIDEN NAME  109. MOTHER'S MAIDE	5, SEX ()   6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, // WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9, AGE (In years of UNDER last birthday) Months	
ADDRESS   Lewyer   Law Practice   Montgomery Co Mo.   Country   Law Practice   Montgomery Co Mo.   Law Practice   Malinda Feike   Mal			Never Married			
Retified Lewyer   Law Practice   Montromery Co Mo.   U.S.A.     13a. Father's Name   13b. Mother's Maiden Name   14. Name of Husband or Wife     15. WAS DECASED EVER IN U.S. ARMED FORCES!   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME     15. WAS DECASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS     16. CAUSE OF DEATH   16. Montromal   (1 year, vive war or dates of service)   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS     16. CAUSE OF DEATH   16. MOND   MEDICAL CERTIFICATION   DEATH   16. MOND   MEDICAL CERTIFICATION     17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   MOND   MEDICAL CERTIFICATION   DEATH   16. MOND   MEDICAL CERTIFICATION   ONSET AND DEAT   O	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE.(State or fo	reign country)	12. CITIZEN OF WH COUNTRY?
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS (Tom. nor valknown)   Ulf yea, give war or dates of exertice)   16. SOCIAL SECURITY NO.   PORT   BOOK   BOLLY NO.   PORT   BOOK   BOLLY NO.   PORT   BOOK   BOLLY NO.   PORT   BOOK   BOLLY NO.   PORT   BOLLY NO.   PORT   BOOK   BOLLY NO.   PORT   P	n					U.A.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH Rate only one country or interest of detection of the country of the cou	13a. FATHER'S NAME	•	136. MOTHER'S MAIDEN	NAME 14	. NAME OF HUSBAND OR WIF	E
(Yes, no. or tucknown) (If yes, stree was or dates of service) NONE  18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  *This does not mean the mode of dying, such the such the death but not related to the disease or or ordination the underlying cause last.  15 Year  15 Year  10 ACCIDENT  10 THE SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or ordination causing death.  20 AUTOPSYI YES \[ \text{NOINTEAL} \text{10 OCCURRED} \text{11 OCCURRED} \text{12 OCCURRED} \text{11 OCCURRED} \text{11 OCCURRED}					** ·	
NO NOTE PEAT BOOK BOLLEY MODE 18. CAUSE OF DEATH  18. CAUSE OF DEATH  Enter only one eause per line for (a), (b), and (c)  *This does not mean the mode of dying, such material time, attention, controlled the does cause (s) dating the underlying cause last.  1. DISEASE OR CONDITION LINEAULY LEADINGTO DEATH*(a) LINEAULY LINEAULY LEADINGTO DEATH*(a) LINEAULY L			FORCES?   16. SOCIAL SECURITY	7. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
B. LAISE OF DEATH   Enter only one causes per lime for (a), (b), and (c)   This does not mean the distance of spring, such as heart failure, authenia, if any, giving DUE TO (b)   Chronic Published Refluitly   15 Year as heart failure, authenia, if any, giving DUE TO (c)   Chronic Published Refluitly   15 Year as heart failure, authenia, if any, giving DUE TO (c)   Chronic Published Refluitly   15 Year as heart failure, authenia, if any, giving DUE TO (c)   Chronic Published Refluitly   15 Year as heart failure, authenia, if any, giving DUE TO (c)   Chronic Published Refluitly   15 Year as heart failure, authenia, if any, giving DUE TO (c)   Chronic Published Refluitly   15 Year as heart failure, authenia   15 Year as heart failure, authenia   15 Year   16 Year   16 Year   16 Year   16 Year   16 Year   17 Year   17 Year   17 Year   18 Year   1		,	None		Bellfl	ower Mo.
Iline for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, exthenia, the mode of dying, such as heart failure, exthenia, the interest the dove cause (a) stating the underlying cause last.  DUE TO (c)  Claronic Setevitial keflicity  15 Glassing Setevation		. DISCLOSE OD CO		CERTIFICATION	x	INTERVAL BETWEE ONSET AND DEAT
**This does not mean the mode of dying, such as heart fulture, asthemia, etc. It means the discase, injury, or complication which caused death.  11. OTHER SIGNIFICANT CONDITIONS  DUE TO (c) Claronic Culture Saleranic Test in the underlying cause last cause		DIRECTLY LEADI	ING TO DEATH®(a)	a ( Intersh	hal Rephrelis	60 day
Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (c)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, stating at the underlying cause last.  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, stating at the underlying cause last.  Morbid conditions contributing to the death but not related to the discass or condition constribution of the death but not related to the discass or condition constribution of the death but not related to the discass or condition constribution of the death but not related to the discase or condition constribution of the death but not related to the death but not related to the death.  Morbid conditions contribution to the death but not related to the death but not related to the death.  Morbid conditions contribution to the death but not related to the death.  Morbid conditions contribution of the death but not related to the death.  Morbid conditions.  Morbid couter and stating at the death.  Morbid condition on contributio		ANTECEDENT CA	auses al	2	ed-11.11.4	
as hearl fathere, astheria, etc. It means the disc.				rome telesel	clear reflectly	15 gear
DUE TO (c) Clearing and the discussion constitution which caused death.  10 ATTER SIGNIFICANT CONDITIONS  11 OTHER SIGNIFICANT CONDITIONS  12 ACCIDENT SUCCIDE SUCCID	as heart failure, asthenia,	i fute to the above at	TUSE (G) SCUCTOU	2 _ 4_	- 1	
tion which caused death.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition consuing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  21d. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED AT WORK  21f. HOW DID INJURY OCCUR?  22f. Hereby certify that I attended the deceased from 7 - 13, 19 (a, to 7 - 21), that I last saw the deceased dive on 10 - 18, 19 50, and that death occurred at 30 ft. m., from the causes and on the date stated above.  23a: SIGNATURE (Degree or title) 23b. ADDRESS  24a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, them, or county)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  MAN MAN MALLOO Man And A AND AND AND AND AND AND AND AND AND A		the amortymy can		roing arter	es selecour	20 years
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   YES   NO     21a. ACCIDENT   19b. MAJOR FINDINGS OF OPERATION   21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)     21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?     10			•		~ .	
196. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE  21b. PLACEOFINJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED INJURY  21f. How DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from 7 - 13 , 19 (a, to 9 - 21 , 19 (a), that I last saw the decease alive on 0 - 18 , 19 (a), and that death occurred at 6:30 ft. m., from the causes and on the date stated above.  23a: SIGNATURE  23a: SIGNATURE  24a. BURIAL CREMA  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  BURIAL  CO MO.  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS  MONT CO MO.  ADDRESS  MONT CO MO.  ADDRESS  MONT COMMON.  ADDRESS  ADDRESS  MONT COMMON.  ADDRESS  ADDRESS  ADDRESS  ADDRESS  MONT COMMON.  ADDRESS  A	•	Conditions contrib	nuting to the death but not se or condition causing death.			1977
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK A	19a. DATE OF OPERA-	19b. MAJOR FINE	DINGS OF OPERATION			20. AUTOPSY?
SUICIDE HOMICIDE    home, farm, factory, street, office bidg., etc.)	TION			<del></del>		YES NO
HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from 7 - 13	21a. ACCIDENT				VNSHIP) (COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from 17 - 13 , 19 (a), to 9 - 21 , 19 (a), that I last saw the decease alive on 10 - 18 , 19 50, and that death occurred at 6:30 ft.m., from the causes and on the date stated above.  23a: SIGNATURE  (Degree or title)  23b. ADDRESS  (ODERNATORY)  24a. BURIAL CREMA- TION, REMOVAL (Spents)  BILTIAL OCT.  ADDRESS  MONITORING  MONITORING  ADDRESS  ADDRESS  MONITORING  ADDRESS  ADDRESS  MONITORING  ADDRESS  ADDRESS  MONITORING  ADDRESS  ADDRESS  ADDRESS  ADDRESS  MONITORING  ADDRESS	HOMICIDE	'	home, farm, factory, street, omce bidg., etc.)		·	
22. I hereby certify that I attended the deceased from 17-13, 19 (a, to 9-21, 19 (a), that I last saw the decease alive on 10-18, 19 (a), and that death occurred at 130 Å. m., from the causes and on the date stated above.  23a: SIGNATURE  (Degree or title)  23b. ADDRESS  (Obstruction (City, town, or county)  24a. BURIAL. CREMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Oity, town, or county)  (State)  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  (State)  (A)  (C)  (C)  (C)  (C)  (C)  (C)  (C		(Day) (Year) (		21f. HOW DID INJURY OC	CUR?	74
22. I hereby certify that I attended the deceased from 7-13, 19.0, to 9-21, 19.0, that I last saw the decease alive on 10-18, 19.50, and that death occurred at 6:30 Å. m., from the causes and on the date stated above.  23a: SIGNATURE  (Degree or title)  23b. ADDRESS  (Obstance of the causes and on the date stated above.  23c. DATE SIGNE  (Obstance of title)  (Obstance of ti	OF:			1		
alive on 10-18, 1930, and that death occurred at 130 H. m., from the causes and on the date stated above.  23a: SIGNATURE  (Degree or title)  23b. ADDRESS  World our Lip-Mo.  24c. NAME OF CEMETERY OR CREMATORY  BILLIA 1/1  Oct 24-1950 Brish Creek  ADDRESS  MONITORINARY  ADDRESS  Oct 79-586.  My May Mules of Manda has an experience of the causes and on the date stated above.  23c. DATE SIGNI  10-22-  24d. LOCATION (City, bwn, or county)  (State)  Monitorinary  ADDRESS  ADDRESS  My May Mules of Manda has an experience of the causes and on the date stated above.		hat I attended t		19.60 10/0-	2/ 1950 that I la	st saw the decea:
23a: SIGNATURE  (Degree or title)  23b. ADDRESS  Woundgowery lity-Mo.  24c. DATE SIGNATURE  24a. BURIAL. CREMA- TION, REMOVAL (Specify)  BURIAL OCATION (City, town, or county)  BURIAL OCATION (City, town, or county)  CO MO.  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS  MY MAY MULES D. Manda h. Amen Bellhowers  Corp. SEC.  MO.  BLOWN  ADDRESS		/ <i>B</i> 19.5	O and that death accurred at	6:30 A. m. from the c	auses and on the date state	ed above.
24a. BURIAL, CREMA- TION, REMOVAL (Brooder) BURIAL  Oct. 24-1950 Brush Creek  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  MONT COMMON  ADDRESS  MANY MANY MULES O Man de la control of the		,			0 1	23c. DATE SIGN
TION REMOVAL (Greater)  Burial 11 Oct. 24-1950 Brush Creek Montgomery Co Mo.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  OCT 74-50 May May Milles o Mand & South Bellhow	BUI!	and lin	// // ^	Moulgo	mery tily-M	2 10-22-
Date reco by Local REGISTRAR'S SIGNATURE ADDRESS OF THE RECO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS OF THE REGISTRAR'S SIGNATURE ADDRESS OF THE REGISTRAR'S SIGNATURE ADDRESS OF THE RECORD AND ADDRESS OF THE REGISTRAR'S SIGNATURE ADDRESS OF THE SIGNATURE ADDRESS OF THE S	24a RURIAL CREMA	· 1 24b. DATE	1 24c. NAME OF CEMETE	RY OR CREMATORY 24d	LOCATION (City, town, or cou	nty) (State
abbress ABONESS SIGNATURE THE PROPERTY ABONESS STENATURE ABONESS ABONESS STENATURE ABONESS ABO	TION, REMOVAL (Breatly	)			Co I	Mo.
Oct 79-50 My May Miller of Bland & Laner Bellhow		<del> </del>		25, FUNERAL DIRECTOR	S SICHATURE A	DDRESS
(Circused Embalmer's Statement on Reverse Side)	Ontog- AG	mis	May Million	March	Charle-1	3. Il dans
	100	- /W	(Ticensed Embelments	Statement on Reverse Side)	19 mari	Man a

DISTRICT HEALTH OFFICE NO. 4
FILE NO.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recon	rded on the reverse side of t	his cert	ificate v	was embalt	ned by m	e, or by
	Me	, \$	tudánt	Embalmer	. No	**************************************
vorking under my personal supervision.		••	·			
		_		_		_

Signed Clared to Jones

Licensed Empatter No. 2978

Student Embalmer

P. O. AddressBellflower Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply we the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.