SINTH NO. 4-30-52 STANDARD CERTIFICATE OF DEATH SISTE FILE NO. 12459 PRIMARY REG. DIST. NO. 4/53 Registrer', No. 3 PRIMARY REG. DIST. NO. 4/53 Registrer', No. 4/53 Registrer', No. 3 PRIMARY REG. DIST. NO. 4/53 Registrer',		
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2. I hereby certify that I attended the deceased from $\frac{4}{2}$, $\frac{1}{2}$,		
alive on 4-28-, 1927, and that death occurred at		
23c. DATE SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23b. ADDRESS (Aa. BURAL, CREMA 24b. DATE 24c. KAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)		
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4a. BURALL CREMA- 24b. DATE 24c. AAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)		
Burial // 4-30-52 Lockwood Lockwood #10.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 79 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. Allison Greenfield Mo.		
7-300 L PLANT WILLIAM D HOLLES		
(Licensed Embalmer's Statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rever	erse side of this certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No
S a second of postorial outper training	a Beai

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.