HOSPITAL OR INSTITUTION  3. NAME OF a. (Fi DECEASED (Type or Print)  5. SEX 6. COLOI  10a. USUAL OCCUPATION (Give done during most of working life, experiments)  15. WAS DECEASED EVER IN I. (Year, no, or or unknown) (If year, give no, or or unknown)  16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean ANT	in bospital or institution in bospital or institution in bospital in bospital in bospital or institution in bospital	township) STAY  D. (Middle of the street address of the street add	ENGTH OF (In this place)  (In this place	2. USUAL RE a. STATE c. CITY (If outst) OR TOWN d. STREET ADDRESS c. (Last) 8. DATE OF BIRT	SIDENCE (W  SIDENCE (W  MO  Geograporate limite.  (If rural. a  (If rural. a  (State or foreign er  14. HAMI	Registribers deceased live b. COUNTROLL and provide BURAL and provide location)  4. DATE OF DEATH  9. AGE (In parallast birthday)	rar's No	admission of the state of the s
I. PLACE OF DEATH a. COUNTY  b. CITY (If satisfide corporate OR TOWN  d. FULL NAME OF (If ace is HOSPITAL OR INSTITUTION)  3. NAME OF DECEASED (Type or Print)  5. SEX  6. COLOI  10a. USUAL OCCUPATION (Give done during most of working life, experimentally of the color of the col	in bospital or institution in bospital or institution.  FOR OR RACE  We kind of work even if retired)  U. S. ARMED FOR WAR OF CONTROLL OF	RAL and give township)  STAY  Litution, give street address  b. (Middl  ArNET  7. MARRIEO, NEVER M WIDOWED, DIVORCE  10b. KIND OF BUSINE  13b. MOTHER  RECES  16. SOCIAL  ME  RDITION G TO DEATH*(a)	ENGTH OF (In this place) (In t	2. USUAL RE a. STATE  C. CITY (If outs) OR TOWN  d. STREET ADDRESS  C. (Last)  8. DATE OF BIRT  G. BIRTHPLACE  NAME  17. INFORMAI	C r 7 // H /- 1874 (State or foreign er	here deceased live b. COUNTY b. COUN	Month) (D  WIFE  OR WIFE	adoission addission addission addission addission addission and addission additional add
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tc. It means the dis-	undersying couse	DUE TO (	(c)					
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21a. ACCIDENT (Beedfa SUICIDE HOMICIDE	ty). 211 box	b. PLACE OF INJURY (e.g me, farm, factory, street, offic	g., in or about ce bldg., etc.)	21c. (CITY, TOWN	, or township)	) (COU	(YTML	(STATE)
Pid. TIME (Mooth) (Day OF INJURY	y) (Year) (Ho	WHILE AT [ NOT	CCURRED TWHILE	21f. HOW DID INJ	IURY OCCUR?	-		•
2. I hereby centify that I alive on Alm 3	attended the	deceased from	aumad at t	14 195 3 to	m the causes			o the deceased
3. SIGNATURE	Plane de	<del></del>	ee or title)	23b. ADDRESS	try	mo		. DATE SIGNED -2=53
24a. BURIAL, CREMA- 24b	b. DATE	24c. NAME OF	F CEMETERY	OR CREMATORY	24d. LOCAT	ION (Olty, town	n, or county)	(State)
DATE REC'D BY LOCAL REC	GISTAAR'S SIG	NATURE	395	Z FUNERAL DI	RECTOR'S SI	CHATURE OF SECOND	ADDRE	\$ 1710.
ZV.1.1903 C	jeru (	(Licensed Er	71 0	stement on Reverse	VUM (	1 1016	m,	MINIMA

## STATEMENT BY LICENSED EMBALMER

r neverthly that the body whose name is recorded on the reverse side of this	certificate	was emba	lmed by n	ne, or by
working under my personal supervision.	Student	Embalmer	No	••••••

Viking under thy personal supervision.

the above constitutes grounds for revocation of license.)

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