b. CITY (if outside corporate limits, write RURAL and give overable) STAY (in this place) OR Sedalia d. FULL NAME OF (if set in hespital or institution, give street address or location) HOSPITAL OR 2600 B. Kentucky RR# 1 3. NAME OF DECEASED (If ret) DECEASED (Type or Print) NATON SEX 6. COLOR OR RACE (Inst) Male (Institution) Minimum (Institution					ALTH OF MISSOU		-		70)57
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Tion, REMOVAL (Booth) 2/2/1953 Crown Hill Cem. Sedalia, Mo. Burial Sedalia, Mo. DATE REC'D BY LOCAL REGISTRAB'S STIGNATURE DATE SECOND BURIES SEGULATION SEGULATIO		Luav	rey Es	ma 0	Sada	ui	mo	•	2/27	53
9/2/19 - 1 - Belle Post desert Del Me East Sedolen MO	TION, REMOVAL (Bredity				Cem.	Séd	lalia,	Mo.		(State)
25/ (Licensed Embanner's Statement on Reverse Side)	DATE REC'D BY LOCAL 9/1/19	Construe S	Jang &	Il mo	+ Devite	leka	SI GNATURE	doles	M	0
	77	1.2	5/-/ (Lie	ensed Embalmer's	Statement on Reverse Sie	de)				

STATEMENT BY LICENSED EMBALMER

, I hereby certify that the body whose name is recorded	on the reverse side of this c	ertificate was embalm	ed by me, or by
		Student Embalmer	#o

working under my personal supervision.

Student Embalmer

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.