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WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1/0, 19, to 1/2, 1955, that I last saw the deceased on 1/2 and that death occurred at 12-4 mile from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVEL STATES 24d. LOCATION (City, town, or county) Bunker Checks Bunker Checks Bunker Mo DATE RECO BY LOCAL REGISTRAR'S SIGNATURE (ADDRESS) (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (State of the causes and on the date stated above. 23c. DATE SIGNATURE (Degree of title) (Degree of title	21a. ACCIDENT C SUICIDE HOMICIDE	Specify) 21b. home	PLACE OF INJURY (e., farm, factory, street, off	g., in or about ice bldg., etc.)	21c. (CITY, TOV	VN, OR TOWNSHI	IP) (C	OUNTY)	(STA	ΠE)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 93 E FUMERAL DIRECTOR'S SYGNATURE ADDRESS	23a. SIGNATURE	13035	× 14	2	ADDRESS	clivie -	SALEN	1.740	29c. DATE 2/2	SIG
REG. S.	24a. BURIAL, CREMA- TION, REMOVAL (1994)								iy) (Stat
	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGN	\ \ \ \ \	283	25 FUNERAL	DIRECTOR'S	SU GNATURE	M	PRESS	$\overline{\mathbb{N}}$

STATEMENT BY LICENSED EMBALMER

I hereby certify t	hat the bo	dy whose	name is	recorded	on the	reverse	side	of this	certificat	e was emba
by me, or by							Stu	dent E	mbalmer l	٠
-,,,	•	;								

working under my personal supervision..

X/X//////

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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