FILED MADE		THE DIVISION OF HE			4458
. FILED MAR	7 1955	STANDARD CERTIF			No
BIRTH NO		REG. DIST. NO. 120	-	10.4/97 Registrar	
1. PLACE OF DEA	ATH		II - CTATE	NCE (Where deceased lived.	If institution: residence b
a. COUN: Y	Gentry	7	a. STATE MO	Gen try	r summy
b. CITY (If outside ec		URAL and give c. LENGTH OF	c. CITY (If outside corpo	rate limits, write RURAL and give	re township)
TOWN Star	nberrv	Cooper 12 yrs		nberry	0 380
d. FULL NAME OF		nstitution, give street address or location)	d. STREET	(If most elemination)	
HOSPITAL OR INSTITUTION	North	Alanthus Ave.	Norti	Alanthus A	re #√ == <i>0</i>
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Mo	nth) (Day) (Year
DECEASED (Type or Print)	Mrs. Ida	a . An	derson	\ \A_{\mathrm{P}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b. 24 1955
5. SEX / 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED.		9. AGE (In years f	CHOCK I YEAR OF UNDER M
female /	white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W1 10W	March 6 18	Inst Methday) f M	onths Days Hours 3
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR IN-			12. CITIZEN OF W
housewif	ing life, even if retired)	DUSTRY		Sweden 4	COUNTRY
		at home			
3a. FATHER'S NAME		13b. MOTHER'S MAIDEN		14. NAME OF HUSBAND OF	
	Mattson	Elise Ras		decease	
15. WAS DECEASED EVE (Yes, no. or unknown) (I)		of service) NO.		SIGNATURE OR NAME	
no	· ·	none		rson Stanberr	
18. CAUSE OF DEATH	1 DISCERSE OD 60		CERTIFICATION		INTERVAL BETW
Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR CO	ONDITION	I. // 8/12.	, .	
	DIRECTLY LEAD	ING TO DEATH (a)	arak m	moses	IR de
			aral In	<u>ombosis</u>	IR de
*This does not mean			terioceles	ombosis osis)	Mes
	ANTECEDENT CA Morbid conditions rise to the above co	AUSES s, if any, giving DUE TO (b) ause (a) stating	triocler	onvoses	year
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	ed on the reverse side of this certificate was embalmed by me, or by
	Caudent Emparage No.
vorking under my ner or at supervision.	
Ptod ent	Signed Jatory J. Pullip
Student Sabarmar	Just Licensed Embalmer No. 1898

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

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