BIRTH MO. REG. DIST. MO. 274 PRIMARY REG. DIST. NO. 252 Registrar's No. 25 1. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, write RURAL and give OR NO NO NO Ster (Rural)) TOWN Knobnoster (Rural) d. FULL NAME OF NI north hospital or institutions with address of location HOSPITAL OR INSTITUTION MANUAL WALLE WALLE WALLE WELL AND COLOR OF Print) 3. NAME OF NI north hospital or institutions with address of location (Type or Print) Fred Wade Weikal Model Weikal (Month) 5. SEX (6. COLOR OR RACE Wijdowed, Divorced (Beacity) Wijdowed, Divorced (Beacity) Male White 10a. USUAL OCCUPATION (Give kind of work done during place of norther limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) TOWN Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) C. CITY (If outside corporate limits, write RURAL and give township) OR Knobnoster (Rural) OR Marke (Rural) OR CITY (If outside corporate limits, write RURAL and give township) OR CITY (If outside corporate limits, write RURAL and give t	FILED JAN	30 1956		F DIADION OF HE	ICATE OF MISSOU	KI TH:	_		22	90
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S. SEX 6. COLOR OR RACE 7. MARRIED MER MARRIED 0. Ct. 21 1903 9. AGE (1s years) of used 1 Yau 1 50	3. NAME OF DECEASED	a. (First)		b. (Middle)	• •			· - ·	. V	
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13b. MOTHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR VIFE Julia Mahin Weikal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. ADDRESS 17. INFORMANT'S SIGNATURE OR NAME ADDRESS RODERT Weikal Sedalia Mo. MEDICAL CERTIFICATION MEDICAL CERT	10a. USUAL OCCUPATIO	N (Give kind of work is life, even if retired)	10 .	DUSTRY			ountry)	O		
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NO 18. CAUSE OF DEATH Enter only one course per line for (s), (b), and (e) *This does not mean the mode of drying, such material flute, eathering, eathering, eathering, eathering, eathering, eathering, eathering, eathering of eather the mode of drying, such material flute, eathering of eath but not conditions contributing to the death but not condition which caused death. 19a. DATE OF OPERA. 21a. ACCIDENT TION 21a. ACCIDENT OPERATION 21b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. Interest of the above, easter of while the material flute and eath of course of while the material flute of the death but not condition musting death. 21d. TIME (Mosta) (Day) (Year) (Bour) (10 or MILLEAT HOT WHILE AT	15. WAS DECEASED EVE	R IN U.S. ARMED		16. SOCIAL SECURITY	17. INFORMANT'	SIGN	ATURE OF	NAME	A	DDRESS
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21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Atwork 1/2, 1955, to 1/2, 1956, that I last saw the decease alive on 21, 1956, and that death occurred at 1/2 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title), 23b. ADDRESS 24a. BURIAL. CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Otty, town, or county) (State) TION. REMOVAL (Specify) 1-24-56 [-aMonte Cemeter y I-aMonte Mo.] DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE ADDRESS	SUICIDE /	(Specify)	home, farm	LUF INJUKT (e.g., in or about, factory, street, office bldg., etc.)	21c. (C111, 1010) OK	···	·-	(000111)	;	
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	1-24-54	gwyn	رن مع	(Dicker Embalmer's	Statement on Reverse Side	, વ				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side	of this	certificate v	vas embalm	ied by me,	or by
	······································	, Student	Embalmer	Bo	······································
orking under my personal supervision.	\mathfrak{D} .	0 m	\overline{m}	→ 4.1	

Student Embalmer Signed Taul M. Most

Licensed Embalmer No. 3923

P. O. Address Va. Monte M.

P. O. Address a Moule IV.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp

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

the above constitutes grounds for revocation of license.)