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(Type or Print) JOHN Senior	HOSPITAL OR INSTITUTION	hospital or institution.	give street address or location)	ADDRESS	(11 raral, give location)		1120	
(Type or Print) John Senior Death Metron 21, 1930 Senior Death Metron 21, 1930 Metron 20, 185 Sex Section of Race White White White Wilder Divorce Complete Consequence of Complete Complete Consequence of Complete Complete Complete Consequence of Complete Co	3. NAME OF a. (Fir	st)	b. (Middle)	c. (Last)	4. DATE	(Month)	(Day) (Year)	
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burial 3-31-1956 Grant City Cemetery Grant City, Missouri	alive on March	attended the dece 27, 1956, and	i that death occurred at . (Degree or title)	123b. ADDRESS	ie causes and on the	dale stated		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4/19-1966 REG. Lawren Bell a. Dundle-Grant City	alive on March 23a. SyENATURE TRANK	27, 19.56, and	that death occurred at (Degree or title)	23b. ADDRESS Grant C	ity, Mo	1 2. 1	3-29-56	
4/19-1966 Acta Co. Dawson Bell U. Dungle- Grant City.	alive on March Za. SMENATURE TLANK 24a. BURIAL CREMA- UON REMOVAL (Speedin) burial 3-	27, 19 56, and MAXESO DATE 31-1956	that death occurred at (Degree or title) MD MD 24c. NAME OF CEMETER Grent City C	Z3b. ADDRESS Crant C Crematory emetery	ity, Mo LOCATION (City, to Grant City,	own, or count Missou	23c. DATE SIGN 3-29-50 3) (State ri	
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(Licensed Embalmer's Statement on Reverse Side)	23a. SUENATURE 24a. BURIAL, CREMA- UON REMOVAL (Specify) DUTIAL 24b. SURIAL, CREMA- 24b. Surial 24b. Specify) 3-	27, 19 56, and MAXESO DATE 31-1956	that death occurred at (Degree or title) MD MD 24c. NAME OF CEMETER Grent City C	Z3b. ADDRESS Crant C Crematory emetery	ity, Mo Zid. LOCATION (City, to Grant City, TOR's SIGNATURE	own, or count Missou	23c. DATE SIGN 3-29-50 3) (State) ri	

STATEMENT BY LICENSED EMBALMER

I	hereby certify that the	body whose	name is	recorded	on the	reverse	side (of this	certificate	was en	.1
									•		
hu ma	on his					 .	. Stud	dent Ei	mbalmer No	D	

working under my personal supervision..

Signed Bill a Disal

P. O. Address

Signature of Student Embalmer

Signature of Student Embalmer

Licensed Embalmer

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

to comply with the above constitutes grounds for revocation of license).

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

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