NOSPITAL OR NOTES No. ADDRESS AOS Thomas Street Ves. No.	SOU	RI	DI	DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-043411					
** COUNTY Worth b. CITY (If ourside corporate limits, give townSMIP only) c. FULL NAME OF (If NOT in heapital, give location) c. FULL NAME OF (If NOT in heapital, give location) c. FULL NAME OF (If NOT in heapital, give location) c. FULL NAME OF (If NOT in heapital, give location) d. STATE Missouri City c. FULL NAME OF (If NOT in heapital, give location) location 408 Thomas Street vea No Coll 3. NAME OF DECLASED first Middle C. SEX 6. COLO OR RACE Mints Middle C. SEX 6. SEX 6. COLO OR RACE Mints Middle Note or pinth No. 18 Mints Middle Chapman ADME Or pinth No. 19 Mints Middle Chapman ADME Or pinth No. 19 Mints Middle Chapman ADME Or pinth No. 19 Mints Mints Mints Middle Chapman ADME Or pinth No. 19 Mints Mints Mints Mints Mints Mints Mints Mints Centeral 13. MAND or Bushesis or ROUSEN Mints Mints Centeral 13. MAND DECLASED Mints Mints Centeral 13. MAND DECLASED Mints	TMEN T AMEN	O F	PUE	LIC R	egistration District No	6-47 Registrar's No. 20	STATE FILE NUMBER		
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3. NAME OF DECLASED First Middle Chapman Chapm	DATE			_		II ADDRESS	as Street Yes □ No □X		
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The continue of the control of the course per line for (a), (b), and (c). The control of the course per line for (a), (b), and (c). The control of the course			1		5. SEX 6. COLOR OR RACE 7. Married 🗓 Never Marrie	a C las ever or pixtil l			
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Labotet General Gene				10		DUSTRY 11. BIRTHPLACE (City and state of	or country) 12. CITIZEN OF WHAT COUNTRY		
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The state of the			1						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEE ONSET AND DEATH MAS CAUSED BY: IMMEDIATE CAUSE (a) AWX/A MILLIAT & C					es, no, or unknown) I (If yes, give war or dates of service)				
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Conditions, if any, which gave rise to above cause (a), string cause last. DUE TO (c)			ΙΞ		PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), string cause last. DUE TO (c)	<u> </u>		ξ		IMMEDIATE CAUSE (a) ANDXIA	·	MINUTES		
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(Licensed Embalmer's Statement on Reverse Side)	<u>ا چ</u>		Ā	24	FUNERAL DIRECTOR ADDRESS 25	DATE RECD. BY LOCAL REG. 26. REG	ISTRAR'S SIGNATURE		
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by m
or by	, Student Embalmer No
working under my personal supervision.	\sim
Student	Signed Bill Q. D. Mark

P. O. Address P.

Licensed Embalmer No.

with the above constitutes grounds for revocation of license).

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

Signature of Student Embalmer

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