No 300 Rev. 4/59	M	ISSOURI		SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-63-0047	<u> </u>
1. PLACE OF DEATH COUNTY SCOCT	DO NOT WRITE			legismation District No. 33Primary Registration District No. 36.7 446Registrer's No	STATE FILE NUMBER	
Second Street Second Stree			<u> </u>			
A CONTRACTION OF PACE AND COMMENT AND COMMENT OF PACE		<u> </u>	11-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY		
CONTRACTOR DE LA COMM. HOSpital Ver Record C		A KE	1	TOWN Sikeston 8 days TOWN Gray Ric	ige Yes	Mo □
A /	11007	¥	11-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If	outside, give location) Resid	de on Farm
A /	21030	2 A	11_	institution Delta Comm. Hospital	Yes	□ No IX
Female White Whose Individual Discreted 11-27-1882 70 Months Days Hours Million Williams of Wildowski Discreted 150, KIND OF BUSINESS OR INDUSTRY II. 27-1882 70 U.S. A. TO OUT SERVITOR (The Wind of work down Individual Country) Individual Discrete or country) Individual Discrete or Country Individual Discrete Discre	3		$\rceil \mid -$	(Tone or estad)		Year
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6 0 0 0 0 0 0 0 0 0	5 /					·
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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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STATEMENT BY LICENSED EMBALMER

or by	ereby certify that	the body whose nam	e is recorded on the reverse	side of this certificate was embalmed by me,
	nder my personal :		Signed Wa	ich Walters
	Signature of	Student Embalmer		
	*****			P. O. Address Dev & Mo

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

C Pan 2-1963