LEC'O DEC 1 9 1938 MISSOURI STATE	BOARD OF HEALTH
1. PLACE OF DEATH  (a) County Registration District	TE OF DEATH  No. 506
(c) City	ccurred in Hospital or Institution, write its name instead of street and number)
(a) Residence, No. (Usual place of abode, if no street address, write county	st.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5A. IF MARRIED, WIDOWED, OR DIVORCED  HUISBAND OF (OR) WIFE OF DE AM STUFFIE BEAM	21. DATE OF DEATH (MONTH, DAY, AND YEAR)  22. I HEREBY CERTIFY, That I attended deceased from 1938, to 1938, to 1938, Death is seen at the second sec
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE YEARS MONTHS DAYS If LESS than 1 day,	to have occurred on the date stated above, at 10:30 A 11.  The principal cause of death and related causes of importance were as followed by the control of
work done, as sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation.	10
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Other contributory causes of importance:
13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN).  (STATE OR COMPTRY)	23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide? Date of injury , 19  Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT AND Stuffleblen (ADDRESS)  New Goodstan	Specify whether injury occurred in industry, in home, or in public place.
PLACES LIFE LEBELS DATE TO 3.13	Manner of injury  Nature of injury  24 Was diagrap or injury in any may related to compation of decompate W
19. FUNERAL DIRECTOR (SAGNA CONTROL (ADDRESS)	24. Was disease or injury in any way related to occupation of deceased?  140, specifys.  (Signat).
20. FILED NOV 9. 1938 Gentru de Williams Local Registrar.	(Address) Bucklin, Ono
Licensed Embalmer's States	nent on Reverse Side)

,	and the subsection		4	41 2 1	,
		STATEMENT BY LIC	ENSED EMBALMER		
1			1		3, 1
I hereby certify that the be	ody whose name is	s recorded on the reverse	side of this certificate was en	nbalmed by me,	
•	1		or by	***	
Registered Apprentice No.	in a second	, working under m	personal eupervision	- *	
registered ripprentite romani		, working under in	y personal supervision.	5.5	

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 this body is not embalmed, above space should be left blank.

P. O. Address.

(a) County Primary Registration District No. 2.6.7 Registered No.  (b) Township (c) Clay (d) Street No.  (c) Clay (d) Street No.  (e) Length of residence in city grown where death occurred yrs. moo.  (a) Residence, No.  (ii) Annual Statistical Particulars  (a) Residence, No.  (iii) Annual Statistical Particulars  3. SEX  4. COLOR OR RACE  5. Sirical Magnitu, Widowtto, OR DIVORCED (crife the word)  5.A. If Surnita, Widowtto, OR DIVORCED (crife the word)  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, assawyer, beokheeper, etc.  9. Industry or business in whell work  10. Dato deceased last worked at 11. Total time (verr) types)  11. BINTHPLACE (criff or rown)  (TATISTOR COUNTRY)  12. BINTHPLACE (criff or rown)  13. NAME  14. BIRTHPLACE (criff or rown)  15. BIRTHPLACE (criff or rown)  16. BURIAL, CREMATION, OR REMOVAL  PAGE  17. NAGE  18. BURIAL, CREMATION, OR REMOVAL  PAGE  19. BURIAL, CREMATION, OR REMOVAL  PAGE  19. BURIAL, CREMATION, OR REMOVAL  PAGE  19. Loass of injury in any way related to occupation of deceased injury.  20. Was disease or injury in any way related to occupation of deceased injury.  21. Was disease or injury in any way related to occupation of deceased injury.  22. Was disease or injury in any way related to occupation of deceased.	CHECKED IN RED PENCIL.	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	39689
(c) City	1. PLACE OF DEATH	/	506	Do not use this space.
(c) City. (d) Street No. (III death occurred in Hospital or Inatitution, write its name instead of street and m yrs. most of the property of t		Belgaration Distr	District No. 2671	Predoteer d No.
(c) Length of residence in city gorsown where death occurred  (c) Length of residence in city gorsown where death occurred  (d) Residence, No.  (Usual place of abode, if no street address, write county or city)  (a) Residence, No.  (Usual place of abode, if no street address, write county or city)  (II nonresident, give city or town and Stave a	· ·		• •	Registered No
2. PRINT FULL NAME.  (a) Residence, No. (Usual place of abode, if no street address, write country or city)  (If nonresident, give city or town and Size PERSONAL AND STATISTICAL PARTICULARS  3. SEX		(If death	occurred in Hospital or Institution, write i	ts name instead of street and number
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(	19. FUNERAL DIRECTOR		If so, specify	_
(ADDRESS)  (Signed) C Speece		- 4 \/\fo' - 1		zeear :
20. FILED Mon 3 , 195 Genturale Williams (Address) Buellen Z	20. FILED 100 3 1938 Sert	unde Milliamo	(Address)Bull	un zu

