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FILED MAY 12 1944 Registration District No. Primary Registration District No. Prima	No 2	DEPARTMENT OF COMMERCE STATE B	30ARD OF HEALTH OF MISSOURI 1 1 0 1 1
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(a) State Missouri (b) County. Addit (c) State of foreign country. (c) Name of hombide state statistics, write "RURAL" ega came of township) (b) City or town. (If establish styre fare limits, write "RURAL" ega came of township) (c) Name of hombide statistics, write "RURAL" ega came of township) (d) Length of stay: In hospital or institution. (Specify whether years, months or day) (e) Length of stay: In hospital or institution. (Specify whether years, months or day) (for the hombide statistics, write "RURAL" ega came of township) (g) Length of stay: In hospital or institution. (G) Length of stay: In hospital or institution. (g) Length of stay: In hospital or institution. (G) Length of stay: In hospital or institution. (g) PRINT O AWAS STACK. (G) Scale Security. No. (g) PRINT O AWAS STACK. (G) Scale Security. No. (g) PRINT O AWAS STACK. (G) Scale Security. No. (g) PRINT O AWAS STACK. (G) Scale Security. No. (g) DATE OF DEATH; Month ADPIL day. 11th 19.44. that I last saw B.T. silve on. ADPIL 1	- 11	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(6) City or town		(a) County adair.	Missouri, Madeir
mame war " No	- I	(b) City or town 19 10 Paralle	
mame war " No	' 8 H	(If outside city or town limits, write "BURAL" and nan	ame of township) (c) City or town Kirksville
mame war " No	, E	Krim Smith	1. Part III is 201/ Front Illinoin Standt
mame war " No	7 E		(If rural, give location)
mame war " No		(d) Length of stay: In hospital or institution.	(c) Citizen of foreign country? No (Yes or No)
mame war " No		- In this community	
mame war " No	. ≅		MEDICAL CERTIFICATION
mame war " No	- <u>\$</u>	S. (a) PRINT SO ANNA SAGLE	
mame war " No	- ¥		20. DATE OF DEATH: Month ADT1 day 11 01
4. Sex			year 1744 hour 3 minute U3 1 M.
4. Sex	F ¥ II		
Address Address (City town or county) 6. (b) Name of husband or wife alive years alive years alive years (Month) (Day) (Year) 7. Birth date of deceased (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day by a county (City town or county) 10. Usual occupation (City town or county) 11. Industry or business (City town or county) 12. Birthplace (City town or county) 13. Birthplace (City town or county) (States or foreign country) 14. Maiden name. (City town or county) (States or foreign country) 15. Birthplace (City town or county) (States or foreign country) 16. (a) Informant (City town or country) (States or foreign country) 17. (a) (Burish cremation or removal) (States foreign country) (b) Address (Month) (Day) (Year) (c) Place: burish or cembval) (b) Date thereof (Month) (Day) (Year) (c) Place: burish or cembval) (b) Date thereof (Month) (Day) (Year) (d) Did injury occur? (City or town) (Country) (State) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX While at work? XX (Specify type of place) (M. D. checkers)	¥	5. Color or 6. (a) Single, with	idowed, married, April 3, 1944, 19, to April 11th, 19 44
The state of deceased. Signature of funeral dispector. Signature of f		4. Sex divorced	that I last saw the sa
The state of deceased. Signature of funeral dispector. Signature of f	<u> </u>	6. (b) Name of husband or wife 6. (c) Age of h	Duration
Comparison of the program of the p			70 hand
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Comparison of the program of the p	- §. ∥	18 B. 100	Due to
Comparison of the program of the p	E	9. Birthplace (City, town, or county) (State or	or foreign country)
11. Industry or business 12. Name Comparison Compa		•	Other conditions.
13. Birthplace	SE	1	
13. Birthplace	- P		Major findings: None
14. Maiden name (Gill, town or county) 15. Birthplace (Gill, town or county) 16. (a) Informant (Buriel, cremation, or removal) (b) Address (Month) (Day) (Year) (c) Place: burial or cremation (Month) (Day) (Year) (b) Address (Signature of funeral director (Specify type of place) (b) Address (Specify type of place) (c) Maiden name (States) (States) foreign county) (d) Address (States) foreign county) (d) Address (States) foreign county) (e) Heath was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (Out of the policy) (b) Date of occurrence (City or town) (County) (State) (c) Place: burial or cremation (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (M. D. or other)		17. Name de la Company	Underline
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23. Signature Library (M. D. prother)	کرت		While at work? (c) Means of injury.
19. (a) The following (b) M. D. Date signed 4/12/44	~ / W		23. Signature Clauborn Anch (M.D. orange)
(Description Accounts and Accou	1	19. (a) T/A/FF (b) // A (Continuo de la continuo de	Address E. Sanborn Smith, M. D. Date stoned //12/
(Licensed Embalmer's Statement on Reverse Side)		(Date received Restriction 2) , inegitation staking	Taurus III

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District Health Officer No. 10

District Filo Number 5-44-958

Deto Filod MAY 1 1 1944

STATEMENT BY LICENSED EMBALMER

1	·
I hereby certify that the body whose name is recorded on t	the reverse side of this certificate was embalmed by me, or by
	, Registered Apprentice No,
working under my personal supervision.	

signed W E. Summers

Licensed Embalmer No. 37

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, fact should be so stated above.