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NOV 16 1948

STATEMENT	BY	LICENSED	EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by							
	, Registered Apprentic	pprentice No					
working under my personal supervision.		0					

Licensed Embalmer No. 4/9 6
P. O. Address. Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fadure to comply with the above constitutes grounds for revocation of license.)

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

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DEPARTMENT OF COMMENS BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File	No. 2/62

1. PLACE OF DEATH (a) County. (b) City or fown. (c) Name of hospital or institution. (d) Length of tay: In hospital or institution. (d) Length of tay: In hospital or institution. (Execute of the tay: In hospital or institution. (Execute of tay: In hospital or institution. (Execute of the tay: In hospital or institution. (Execute of tay: In hospital or institution. (Execute of the	Registration District No	ntion District No. 2000	Registrar's No	84
(c) City or town (d) Name of hospital or institution. with URAL and same of township) (d) Length of stay: In hospital or institution. With steet number or hospital or institution. (d) Length of stay: In hospital or institution. (d) Length of stay: In hospital or institution. (e) City or town (f) Goodify whether present or stay: (g) City or town (g)			DECEASED:	
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(d) Length of stay: In hospital or institution. (3) Length of stay: In hospital or institution. (3) Sprint Spring Member of stay of Print Spring Member of Spring		(i) City (i to will	outside city or town limits, write "	RURAL")
(d) Length of stay: In hospital or institution. In this community years, monator of days) 3. (a) PRINT PULL NAME 3. (b) PRINT PULL NAME 3. (c) Social Security No. 4. Sex	(If and I wish a stanting write stant number or location)			
In this community years, months or days) 3. (a) If veteran, name war. 3. (b) If veteran, name war. 4. Sex M 5. Color of wide idvorced divorced divorced his part of foreign country 10. While at work of death 11. Industry or The country 12. I hereby centir, in 1 attended the greater from the country 13. (b) If veteran, 14. Sex M 15. Color of wide 16. (c) Age of husband or wire 17. Birth date of deceased. 18. AGE; Years Months 19. Gitten of foreign country 19. If yes, name country 10. Usual occubation 19. Industry or The country 10. Usual occubation 10. Usual occubation 11. Industry or The country 12. I have country 13. Birthplace 14. Maiden name 15. Birthplace (City, town, or country) (State or foreign country) (City town, or country) (State or foreign country) (State or foreign country) (State or foreign country) (Aloush) (Dey) (Year) (Where did injury occur? (City or town) (Chy town) (Country) (City or town) (Country) (Chy or town) (Country) (M. D. or other) (M. D. or other) 15. Signature (M. D. or other)				
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4. Sex		year / You	ho trmin	uteM.
4. Sex race divorced. 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 7. Birth date of deceased Months Day has transfer for death. 8. AGE: Years Months Day hr. min. 9. Birthplace. 10. Usual occuration. 11. Industry or Position. 12. Name. 13. Birthplace. (City, town, or county) 14. Maiden name. (City, town, or county) 15. Birthplace. (City, town, or county) (State or foreign country) 16. (a) Informant. (b) Address. (c) Place: burial or cremation. (d) Oddress. (b) Date of occurrence. (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place in the cause of which death occurrence. (b) Address. (b) Address. (b) Address. (c) Place: burial or cremation. (d) Address. (b) Address. (b) Address. (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place in the cause of the country of the count			ded the diceased from	
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