. S. No. 2 0M—5-43	DEPARTMENT OF COMMERCE THE STATE BOARD OF I	CATE OF DEATH	362
v. 5-17-39 >⇒ I X36671	FILED NOV 3 1947 Registration District No. Primary Registration District	1003	36
v. 5-17-39	FILED NOV 3 1947 318 STANDARD CERTIFI	CATE OF DEATH State File No. Registrar's No. 2. USUAL RESIDENCE OF DECEASED: (a) State. M1ssour1 (b) County. St. Lo. (c) City or town. Overland (footside city or town limits, write "RURAL") (d) Street No. Morrow Dr R. R. 7 (If rural, give location) (e) Chizen of foreign country? If yes, name country. MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Oct. day 151 year. 1947 hour. 12 minute. 21. I hereby certify that I attended the deceased from 1975, to October 1975	Ves or No No. 1947 Duration PHYSICIAN Underline he cause to rhich death hould be harged staistically. (State)
E was	(b) Address UCI 181961 Drehmann-Harral. (c) Orecastes	While at work? (Specify type of place) (Specify type of place) (M. D. 23. Signature) (M. D. 2011	0
	19. (a) (Date received local registrer) (Registrar signature) (Licensed Embalmer's Sta	Address 3781 Grandel Sq Date signed	10-17-47

STATEMENT	\mathbf{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 Apprentice No			
vorking under my personal supervision.	Signed albar R. Thompson h			
	Licensed Embalmer No			

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.