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BIRTH NO. BEG. DIST. NO. S PRIMARY REG. DIST. NO. 19 Requistrar's No. 28 Registrar's No.	FIIFN JAN	11 1951	STANDARD CERTIF	ICATE OF DEAT	TH State File No	41402
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DECRASED OF PHAIL (Type or Phail) (Ty	d. FULL NAME OF HOSPITAL OR INSTITUTION	If not in hospital or ins	stitution, give street address or ocation)	d. STREET ADDRESS	(If rural, give location)	
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As. BURIAL CREMA- 10N REMOVAL (Breath) 10N TO F Cernctery Finners 100 Durial 10N REGISTRAR'S SIGNATURE 100 Z5. FUNERAL (DIRECTOR'S SIGNATURE ADDRESS 10N TO POS) 10N TO SIGNATURE					causes and on the date state	
David (Bounds) au 1-1951 FOOF Cemetery Linners Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 165 25. FUNERAL PIRECTON'S SIGNATURE ADDRESS DATI-1951 Mrs. Budy / Celley Brother Lineral Home Times Mo.	· D. P.F.	Sutter	L. O. J	Linneiis	- Mo	Clec 30-50
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 160 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS an 1-190 Ms. Budy / Celly Brother Funeral Home Finish Mo			24c. NAME OF CEMETER	OR CREMATORY 24	d. LOCATION (City, town, or com	nty) (State)
an 1-198) Mrs. Budie / telley Brothers tuneral Home Trimers Mgs			1957 FOOF C	emetery C	Finnews M	to
Jan 1-1981 Mrs. / Tudy / Celley Brothers Fameral Home Finisms Mo	DATE REC'D BY LOCAL	. REGISTRAR'S SI	GNATURE /60	25. FUNERAL DI RECTO	R'S SIGNATURE A	DDRE \$3
(Licensed Embalmer) Statement on Reverse Side)	Jan 1-195	1 ms. /2	udy telley	Brothers Fen	ueral Home okni	mo mo
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ţi	Date Received:	JAN 3	1951
1	DISTRICT HEALTH District File Nur Date Filed: JAN	nhar . c	1. 11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse s	ide of this	certificate w	as embalm	ed by me, or	by
	,,	Student	Embalmer	No	
working under my personal supervision.					

P. O. Address Aclede 1740,
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.

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