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3 NAME OF DEFECTSED NAME OF PART LOCATE SCHOOL STREET State	5/17	<u> </u>	ìì	ĺ	1 1	c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR ATUMNO 5 ROST HOME ADDRESS	outside, give location)	Reside on Farm				
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TO OUT OF THE PART II OF THE STORY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY WILLIAM HOSTORY B 2 94 WILLIAM HOSTORY WAS DECEASED EVER IN U.S. ARMED FORCESS TYPE, no. N	5	i					Months Days	Hours Min.				
Milliam Rector 13. Mothers Manger Name 13. Mothers Name 14. Name of Husando or Wife 15. Mothers Name 15. Mothers Nam	2_	ŀ			11		country) 12. CITIZEN OF V	WHAT COUNTRY				
13. AOHER'S MADER MARKE 13. MOTHER'S MADER MARKE 13. MOTHER'S MADER MARKE 13. MOTHER'S MADER MARKE 14. NAME OF HUSSAND OR WIFE MAUGH STIMMOR IFE MOTHER MADER MARKE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) 500-07-1894 Mrs. Lester Salmons-Cosby, Missourti 18. CAUSE OF MARKED ACUSED BY: 18. CAUSE OF MARKED ACUSED BY: 19. CAUSE OF MARKED ACUSED BY: 19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20. TIME OF HOUR Month, Day, Year p.m. 20. TIME OF MOUR MONTH, Day Year p.m. 20. TIME OF MOUR MONTH, Day, Year p.m. 21. I strended the deceased from 22. TIME OF MOUR MONTH, Day, Year p.m. 23. BURIAL CREMATION, 20. DAYE 23. BURIAL CREMATION, 20. DAYE 23. BURIAL CREMATION, 20. DAYE 24. LOCATION (City, town, or country) p.m. 25. REGISTANT SIGNATURE 26. MOTHER MONTH DAYED ADDRESS 27. DATE RECOVER VIOLAN REC. (20. REC.) 26. REGISTANT SIGNATURE 28. CONTROL OF CREMATION (City, town, or country) p.m. 29. DATE RECOVER VIOLAN REC. (20. REC.) 26. REGISTANT SIGNATURE 24. LOCATION COUNTRY CREMATION, 20. DAYE 25. DATE RECOVER VIOLAN REC. (20. REGISTANT SIGNATURE) 26. REGISTANT SIGNATURE 27. DATE RECOVER OF CREMATION (CITY, Town, or country) p.m. 28. DATE RECOVER OF CREMATION (CITY, Town, or coun	6	٤	1			during most of working life, even if retired) Nite Wat ohman Wasterm Tab Co Rochester Misson	17 T C 2					
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IMMEDIATE CAUSE (a) SULPH SULPH CAUSE (b) Statisting the underly which give rise to above cause (e), stating the underly lying cause last (e), stating like underly lying lying cause last (e), stating like underly lying cause last (e), stating last (e		2			5	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	. INT	ERVAL BETWEEN				
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Majorhoffor Floorer Tra St Joseph Ma Aug 23 1963 Mrs. Clarke Stradell		Ž			발	DUPLAL 8-11-1963 KOCHASTAT LEMATARY HOCHASTAT	TRAR'S SIGNATURE	0 11				
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seph. Mo. Aug. 23. 1963
(Licansed Embalmer's Statement on Reverse Side) Meierhoffer-Fleeman Inc., St. Joseph, Mo.

1 hereby certify that the body whose n	ame is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed le Manual
Signature of Student Embalmer	Licensed Embalmer No. 6:7/
、	
178 11	P.O. Address Togh, Ma.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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