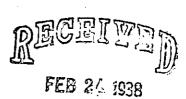
MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Y. PHYSICIANS should state CUPATION is very important. CERTIFICATE OF DEATH Do not use this space. 1. PLACE OF DEATH Registration District No...... Primary Registration District No... Registered No..... (b) Township (d) Street No..... (c) City...4 (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? YES. (e) Length of residence in city or town where death occurred (a) Residence, No..... (If nonresident, give city or town and State) Usual place of abode, if no street address, write county or city) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) attended deceased from MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, ataking 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS If LESS than 1 The principal cause of death and felated causes of importance were as follows: carefully supplied. AGE shit may be properly classified. day. .....hrs. or .....min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc..... 11. Total time (years) . 10. Date deceased last worked at this occupation (month and spent in this ( ) occupation. year) ..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME 14. BIRTHELACE (CITY OR TOWN Name of operation. ( STATE OR COUNTRY) Was there an autopsy?..... What test confirmed diagnosis? 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN Where did injury occur? (STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18, BURIAL, CREMATION. Nature of injury..... If so, specify. (ADDRESS) (Sizped) ... 19.8 E (Licenson Embalmer's Statement on Reverse Side)



BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

| 1/0                                   | STATEMENT BY LICENSED EM                             |                      |       |
|---------------------------------------|--|----------------------|-------|
|                                       | Wilherson  |                      | 21/70 |
|                                       | Mullison   | Licensed Embalmer No | 0 10  |
|                                       | ,  |                      |       |
| hereby certify that the body recorded | d on the reverse side of this certificate was embala | med by Me            |       |

No.....or by......
working under my personal supervision.

Signed LCG M Musser

Licensed Embalmer No. 247 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

the above constitutes grounds for revocation of license.)