MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS SICIANS should state ON is very important. CERTIFICATE OF DEATH Do not use this space. Registration District No...... Township Primary Registration District No... Registered No................... (c) City. (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? Length of residence in city or town where death occurred OCCUPATION (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) That I sttended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 7. AGE YEARS If LESS than 1 MONTHS The principal cause of death and related causes of importance were as follows: day, .....hrs. Date of onset classified. 9 8. Trade, profession, or particular kind of work done, as sawyer, bookkoeper, etc ...... 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at Total time (years) spent in this this occupation (month and occupation.... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN Name of operation..... ( STATE OR COUNTRY) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMAN (ADDRESS) Manner of injury...... Nature of injury .... 19. FUNERAL DIRECTOR (NAME) (ADDRESS) (Signed (Licensed Embalmer's Statement on Reverse Side)

RECEIVED	
District Health Officer No. 7, district File Number 7-29-66	
istrict File Number 7-39-66	Ī

## 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	y

.......

working under my personal supervision.

P. O. Address......

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, above space should be left blank.