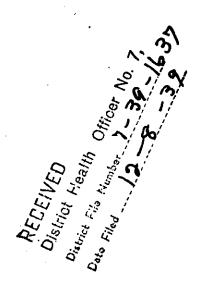
<b>화 년</b>	DEPARTMENT OF COMMERCE MISSOURI STATE E BURDAU OF THE CENSUS STANDARD CFRTII	FICATE OF DEATH  State File No. 39765
uld sta nportar	Registration District No. 375 Primary Registration Dist	
stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important.	1. PLACE OF DEATH:  (a) County  (b) City-or town Care Care Care Care Care Care Care Care	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County (localized of the county with "RURAL")  (c) City or town (localized of the county with "RURAL")  (d) Street No. (if rural, give location)
Į.	years, months or days)	(e) If foreign born, how long in U. S. A.? years.
XA nt o	8. (a) PRINT George Mark Burch	MEDICAL CERTIFICATION
d E	8. (b) If veteran,  8. (c) Social Security	20. DATE OF DEATH: Monthday
stated EX/ statement	name war	year 9:00 hour minute M.
	5. Color or 6. (a) Single, widowed, married,	21. I hereby certify that I attended the deceased from 119 61 730
uld be Exact	4. Sex m race white divorced married,	
5 1	6. (b) Name of husband or wife if	that I last saw h
SE :	Broading & Miller alive years	Immediate cause of death Duration
. AGE she	7. Birth date of deceased Ja ~ 18 18-3-9	Treeent in this putients last
d d	(Month) (Day) (Year)	illuere. He handyen healien
supplied. properly	8. AGE: Years Months Days If less than one day	Due to hellidden walk arthritis
y su	80 9 29 hrmin,	for our 30 years against
carefully it may be	9. Birthplace Lewis Station ma	Due to Chibries Utthralie West Evalutions
carefu it may	(City, town, or county) (State or foreign country)	Other conditions
be c	10. Usual occupation	(Include ore company states ponths of death)
ıld be	11. Industry or business	Major findings:
shou	12. Name David Burch 13. Birthplace Va	Of operations Underline
tion sl terms,	(State or foreign country)	the cause to which death
nati n te	14. Majden name Plances Truts	Of autopsy V V should be charged statistically
informa in plain	5 15. Birthplace California //o	22. If death was due to external causes, fill in the following:
i i	(City, town, or county) (State or foreign country)  16. (a) Informant's own signature	(a) Accident, suicide, or homicide (specify)
TH	(b) Address Jenio Matin m	(b) Date of occurrence
y item of DEATH	17. (a) Burile (b) Date thereof	(c) Where did injury occur?
Every OF I	(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
B.—Every item of information should be USE OF DEATH in plain terms, so that i	(c) Place: burial or cremation The All (1)	(Specify type of place)
N. B.—F CAUSE	18. (a) Signature of funeral directors The Marie (b) Address Charles (1997)	While at work? (e) Means of injury
CZ	19. (a) nos 26-1939(b) mu. Edith & Simbar	28. Signatury ( S. Malfingauer M. D. or other)
<b>!</b> :	19. (a) Nos 26-1429(b) mu. Colletta 1 Simpa (Date received local registrar)	Address Chuthy NO Date signed 1/2589
(Licensed Embalmer's Statement on Reverse Side)		



## STATEMENT BY LICENSED EMBALMER

r		
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	
working under my personal supervision.		

Signed Licensed Embalmer No. 2478

P. O. Address Cleuton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.