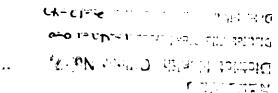
To. 2	DEPARTMENT OF COMMERCE  THE STATE BOARD OF HEALTH OF MISSOURI  STANDARD CERTIFICATE OF DEATH  State File No. 4629		29
7-39	TILLD FEB 14 19A7	CALL OF DEATH State Pile No	<u></u>
X47970	Registration District No	st No. 3023 Registrar's No. 3	<u></u>
シュー	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	42
IH.	(a) County	(a) State Mussoure (b) County/Lens	4.1-
ည	(if outside city or town limits, write "RURAL" and name of township)  (c) Name of ficepital or institution)	(c) City or town (II maidgel or triph froits, write "RURA	
R	Elks Hall - 3	(d) Street No. Popa S 173 2 d St	" 🛪
IN:	(If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution	(If rural, give location)	
ENE	In this community 50 Has (Specify whether	(e) Citizen of foreign country? 220	(Yes or No)
MA	years, months or days)	If yes, name country	
PERMANENT RECORD	3. (a) PRINT HAMER HILAND MARTIN	MEDICAL CERTIFICATION	<b>3</b> .
V I	3. (b) If yeteran, 3. (c) Social Security	20. DATE OF DEATH: Month flb day	7:3
	name war no No nerve	year / 9 4 hour / D minute 4	25 P. M.
(A)	5. Color or // 6. (a) Single, widowed, married,	21. I hereby certify that I attended the deceased from	-12
<u>์</u>	4 samale 1 radehele 2 divorced vidous	that I last safeth / a above set /D/	ral
NK	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that drain occurred we date and hour stored above.	Duration
К 1	aliveyears	Immediale cause of death	
V	7. Birth date of deceased Quy 11 - 18 7 9 (Month) (Day) (Year)	Daniel State State	10000
BI		Due to	mulauso
UNFADING BLACK INK—MAKE	8. AGE: Years Months Days If less than one day	Due to	
γD]	0   27   hrmin.	Due to	
N.E.	9. Birthplace (City, towns or country) (State or foreign country)	J.	
	10. Usual occupation Printer	Other conditions Marie Museualtis	y year.
-use	11. Industry or business of Printe		PHYSICIAN
A-1	E (12 Name William martin	Major findings: Of operations	
Ž	[ 12. Name William Martin	$A_{\lambda}$	Underline the cause to — which death
- Y	(Sulty, town, or cognity) (Sulty or toreign country)	Of autopsy	should be charged sta-
WRITE PLAINLY	14. Maiden name Carolin Linkson	41-41-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	tistically.
H H	(City, town, or county) islate or foreign country)	If death was due to external causes, fill in the following:     (a) Accident, suicide, or homicide (specify)	
WR	16. (a) Informant Hagary of Marian	(b) Date of occurrence	
	(b) Address (b) Date thereof 2 - 13 - 47	(c) Where did injury occur?	
1	17. (a) (Burial, cremation, or removal) (Manth) (Hay) (Year)	(City or town) (County)  (d) Did injury occur in or about home, on farm, in industrial place, in	(State) 1 public place?
	(c) Place: burial or cremation.	(Specify type of place)	<del></del>
	18. (a) Signature of funeral director.	While at work? (e) Means of initify	2000
	(b) Address ( 1111 ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23/ Strature 1 9 Hallingenants (M. D. 6)	other)
	(Date received local registrar) (Registrar's signature)	Address Date sign	<u> </u>
	(Licensed Embalmer's Sta	tement on Reverse Side)	•



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the r	reverse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
working under my personal supervision.	n - 11

Signed M. M. Kenney

Licensed Embalmer No.

P. O. Address P.

the above constitutes grounds for revocation of license.)

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