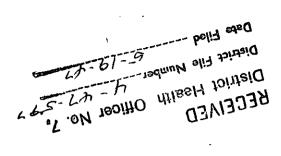
5. No. 2 I—8-43 5-17-39	DEPARTMENT OF COMMERCE THE STATE BOARD OF F	
I X37823	Registration District No. 137 Primary Registration District	ct No. 7520 Registrar's No. 115
_	Registration District No. Primary Registration District 1. PLACE OF DEATH: (a) County Henry (b) City or town Windsor, Rural (c) Name of hospital or institution: R.R. Crossing near Bowen (If not in hospital or institution. R.R. Crossing near Bowen (If not in hospital or institution. In this community 2 Yrs. (Specify whether years, months or day) 3. (a) PRINT Ralph Allan Arnold 3. (b) If veteran,	2. USUAL RESIDENCE OF DECEASED: (a) State MISSOUPI (b) County Henry (c) City or town Windsor Roube #3 (If outside city or town limits, write "RURAL") (d) Street No
	17. (a) Burial (b)-Date thereof 5-13-1947 (Month) (Day) (Year) (b) Diagnost purial or cramation Otterville	(c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in pr about home, on farm, in industrial-place, in public place?
·	18. (a) Signature of funeral director. Geo. Dillard	While at work? The Specify type of place) (Specify type of place) (Means of injury)
	(b) Address Sedalia, Mo. 19. (a) 5-/3-47 (b) P. Kerney (Date received local registrar) (Registrar's signature)	2 Michael S. Hallingsware Dolother Dily Address Duty 1800 Date signed Stick?
	(Licensed Embalmer's Sta	Itement on Reverse Side) Frain + Car Collision S. HO.

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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.....

working under my personal supervision.

Licensed Embalmer/No. 3868

....., Registered Apprentice No.....

g HUL

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, fact should be so stated above.