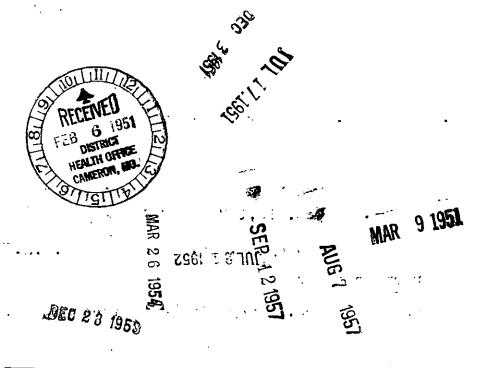
FIRST FEB 9 1951 STANDARD CERTIFICATE OF DEATH I. PLACE OF DEATH a. COUNTY Mercer D. CITY III conside compense limits, write RURAL and give or Down Rural Morgan Twp. A FULL MAN OF III set in inseptial or insultanticulous, dres street address or location of the County of the Cou				HEALTH OF MISSON		1861
The County Mercer b. CITY (II conside surprises limits, write RURAL and dre. Towns.) b. CITY (II conside surprises limits, write RURAL and dre. Towns.) c. CITY (II conside surprises limits, write RURAL and dre. Towns.) d. FULL MANE OF ur as is hospital or leasthation, cire stress address or location (Control of the County) d. FULL MANE OF ur as is hospital or leasthation, cire stress address or location (Control of the County) d. Full MANE OF ur as is hospital or leasthation, cire stress address or location (Control of the County) d. Carrier (II card, cire location) 3. NAME OF Ur as is hospital or leasthation, cire stress address or location (County) 3. NAME OF Ur as is hospital or leasthation, cire stress address or location (County) 3. NAME OF Ur as is hospital or leasthation, cire stress address or location (County) 4. DATE (Month) (Day) (Year Arrive) 3. NAME OF Ur as is hospital (II section) 4. DATE (Month) (Day) (Year Arrive) 3. NAME OF Ur as is hospital (II section) 4. DATE (Month) (Day) (Year Arrive) 5. SEX (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 6. COLOR OR RACE (II see as in tracks) 7. CARTEST (II see as in tracks) 8. CARTEST (II see as in tracks) 10. SALES (II see as in tracks) 10.	FILED FEE	9 1951	STANDARD CERT	IFICATE OF DEA	ATH State File No.	
1. PLACE OF DEATH a. COUNTY METCET D. CITY (II conside corporate libratic, write RUBAL and give of RY (II to this place) TOWN RUTS 1. MOYGEN TYP). d. FULL NAME OF (II to it is boughted or insultration, stres stress deforms or location) d. FULL NAME OF (II to it is boughted or insultration, stres stress deforms or location) d. FULL NAME OF (II to it is boughted or insultration, stres stress deforms or location) d. FULL NAME OF (II to it is boughted or insultration, stres stress deforms or location) d. FULL NAME OF (II to it is boughted or insultration, stress stress deforms or location) d. FULL NAME OF (II to it is boughted or insultration, stress stress deforms or location) d. FULL NAME OF (II to it is boughted or insultration, stress stress deforms or location) d. FULL NAME OF (II to it is boughted or insultration, stress stress deforms or location) d. FULL NAME OF (II to it is stress deforms or location) d. FULL NAME OF (II to it is stress deforms or location) d. FULL NAME OF (II to it is stress deforms or location) d. FULL NAME OF HUSBAND OR WIFE DEATH JOINT (Investigation or location) d. DEATH JOINT (Investigation or location of location) d. DEATH JOINT (Investigation or location of location or location	BIRTH NO		REG. DIST. NO) Primary Reg. dist.	NO. 57 BRegistrar's No	9
a. COUNTY (II conside corporate limits, write RURAL and give property limits, write RURAL and give correlated by Tyrs. CITY (II conside corporate limits, write RURAL and give correlated by Tyrs. CITY (II conside corporate limits, write RURAL and give screambles)) 6 STONY RURY all MORGAN TWP. d FULL NAME OF (II can to be benefited or inacticution, etre stream address or location) NAME OF (II can to be benefited or inacticution, etre stream address or location) 3 NAME OF (II can to be benefited or inacticution, etre stream address or location) 3 NAME OF (II can to be benefited or inacticution, etre stream address or location) 3 NAME OF (II can to be benefited or inacticution, etre stream address or location) 3 NAME OF (II can to be benefited) 4 DATE (Mocità) (II can to be benefited) 5 SEX 0 COLOR OR RACE 1 MARRIED, REFURE MARRIED, Write 1 Married 1 Marrie		ATH		2 USUAL RESID	DENCE (Where deceased lived. If in	etitution: residence before
b. CITY (If conside corporate limits, write RUBAL and give a correlation of TOWN Rural Morgan Twp. d FULL NAME OF (If not in hospital or heattested, give street address or location) d FULL NAME OF (If not in hospital or heattested, give street address or location) d FULL NAME OF (If not in hospital or heattested, give street address or location) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) d FULL NAME OF (If not in hospital or heattested) D C. (Last) C. (Last) d DATE OF BIRTH OCT. 15, 1878 D DATE OF BIRTH OCT. 15, 1879 D DATE OF BIRTH OCT. 15, 1	a. COUNTY	rcer		a. STATE	b. COUNTY	adminin)
d FULL NAME OF (II and is houseful or fastivation, dire street address or location) 3. NAME OF DECEASED 3. NAME OF DECEASED 4. DATE (Monith) (Day) (Year) 5. SEX Alice CWens COURT (Monith) (Day) (Year) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, 8. DATE OF BIRTH OR LISLAL OCCUPATION (Circle bad of race) 19b. KIND OF BUSINESS OR II. 10b. MOTHER'S MAIDEN NAME RODER'S MAD BEECASED EVER IN U. S. ARMED FORCES? 10b. MOTHER'S MAIDEN NAME RODER'S MAD BEECASED EVER IN U. S. ARMED FORCES? 10b. SUBBAN MCHART QUE 10b. MOTHER'S MAIDEN NAME RODER'S MAD BEECASED EVER IN U. S. ARMED FORCES? 10b. SUBBAN MCHART QUE 10b. SUBBAN MCHART QUE 10b. SUBBAN MCHART QUE 10b. MOTHER'S MAIDEN NAME RODER'S MAD BEECASED EVER IN U. S. ARMED FORCES? 10b. SOCIAL SECURITY NO. 10c. AUSTE OF BEATH Intercolly one course of date of services 10b. MEDICAL CERTIFICATION MEDICAL CERTIFICATI			TRAL and give C. LENGTH	OF C. CITY (If outside on	Proprate limits, write RURAL and give too	mah(n) A / (~/c)
3. NAME OF DECEASED DECEASED A (First) D. (Middle) C. (Last) 4. DATE (Monith) (Day) (Year) DECEASED DECEASED DECEASED A COLOR OR RACE 7. MARRIED NEVER N	TOWN Rural	Morgan	Two township STAY (in this p	TOWN Rural		10000
Alice Oyens S. SEX S. SEX S. COLOR OR RACE White White White 10a. USUAL OCCUPATION (Oheshad deepler) 10b. KIND OF BUSINESS OR IN- DUSTRY 10b. USUAL OCCUPATION (Oheshad deepler) 10b. KIND OF BUSINESS OR IN- DUSTRY Grundy Co. Mo. O 11b. BIRTHMACE (State or foreign consulty) Grundy Co. Mo. O 12c. CITIZENOF W Grundy Co. Mo. O 13c. ANABE ROBERT NOCHOLS Susan McHargue 15b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. Boo. or whom only (If yes., fire way or dates of service) 1c. SUSAN MCHARGUE B. CAUSE OF DEATH Enter only one-cause per Inter for (a), (b), and (c) "This does not mean the mode of dring, such the model of dring, such the model public cause last. Cat. It means the dis- cate, fining or complica- tion which caused death. Onditions contributions to the death but not related to the disease or condition causing death. Onditions contribution to the death but not related to the disease or condition causing death Onditions contribution to the death but not related to the disease or condition causing death Onditions contribution to the death but not related to the disease or condition causing death Onditions contribution to the death but not related to the disease or condition causing death Onditions contribution to the death but not related to the disease or condition causing death Onditions contribution to the death but not related to the disease or condition causing death On	d FULL NAME OF OR HOSPITAL OR INSTITUTION	(If not in hospital or in	stitution, give street address or location	d. STREET ADDRESS	(If sural, give location)	
Type or Print Edna	3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
Temale White White Wildowed OriceD Substitute Wildowed OriceD Substitute White Wildowed OriceD Substitute Wildowed OriceD Wildowed Oric		Edna	Alice	Owens	OF DEATH Ten 2	Q_51
10. USIAL OCCUPATION (CIN-bited step) 10. KIND OF BUSINESS OF: IN- DUSTRY 11. BIRTHPLACE (State or forestee country) 12. CITIZENOFY 13. Morther's Malden Name 14. Name of HUSBAND OR WIFE 13. MOTHER'S MAIDEN NAME 14. Name of HUSBAND OR WIFE 15. SOCIAL SECURITY 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH			7. MARRIED, NEVER MARRIED		9. AGE (In years) IF, UNDE	R 1.YEAR IF UNDER 21 HRS.
Country Coun					78 72 Months	Days Hours Min.
ANTECEDENT CAUSES PET AND ANTECEDENT CAUSES PIDE TO BE ADDRESS PROBLEM CONTROL OF MICHAEL STATES AND DECASED EVER IN U.S. ARMED FORCES? NO. MEDICAL SECURITY NO. MEDICAL CERTIFICATION NO. MEDICAL CERTIFICATION NO. MEDICAL CERTIFICATION OF THIS does not meen the mode of spiring, such the spiring, such the mode of spiring, such the mode of spiring, such the death but not related to the distance of sometime mode of spiring, such the mode of spiring such the death but not related to the distance of sometime mode of spiring such the spiring spiring such the death but not related to the distance of sometime mode of spiring	10a. USUAL OCCUPATION (Give kind of work 10b. KINI done during most of working life, even if retired)		10b. KIND OF BUSINESS OR I	N- 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
13b. MOTHER'S NAME 13b. MOTHER'S MAIDEM NAME 14. NAME OF HUSBAND OR WIFE	House Kee	per			No. O	UŠŠ.Ä.
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 100 monomous of the control	a. FATHER'S NAME		136. MOTHER'S MAIL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Ton Down of dates of service) 16. SOCIAL SECURITY NO. 100 memory of dates of service) 17. INFORMANT'S SIGNATURE OR NAME ADDRES With No. 100 memory of dates of service) 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) 18. This does not mean the mode of string, such the date of string cause least. 10. THE COLOR TO (C) 11. OTHER SIGNIFICANT CONDITIONS 12. INTERVAL BETW MODE TO CARCING TO (D) THE MODE TO (D) T	Robert No	chols	Susan McH	argue		
MEDICAL CERTIFICATION IN MEDICAL CERTIFICATION MEDICAL CERTIFICATION INTERVAL BETW ONSET AND DEA MOST AND DEA MEDICAL CERTIFICATION INTERVAL BETW ONSET AND DEA MOST AND DEA MEDICAL CERTIFICATION INTERVAL BETW ONSET AND DEA MOST AND DEA MEDICAL CERTIFICATION INTERVAL BETW ONSET AND DEA MOST AND	5. WAS DECEASED EVE	R IN U.S. ARMED FO	ORCES? 16. SOCIAL SECURI	Y 17. INFORMANT'	S SIGNATURE OR NAME	ADDRESS
MEDICAL CERTIFICATION Interval between convenience of define, such the dots of define, such the to the above cause (e) stating the underlying cours last. Anticopen of the define of the dots of the date of the dots of the date of the dots of the date of	Yes, no, or unknown) (If	yes, give war or dates o		U. I		
IDISEASE OR CONDITION OR Or (a), (b), and (c) This does not mean the distance of diffing, such the mode of diffing the mode of the deceased of the disease or conditions counting death. DISEASE OR CONDITION ANTECEDENT CAUSES This does not mean the distance of diffing the mode of the disease of conditions counting death. DUE TO (a) This does not mean the distance of diffing the mode of diffing the mode of diffing the mode of diffing the mode of the diffing the mode of diffing the mode of diffing the mode of the diffing the mode of diffing the diffing the mode of diffing the diffing the mode of diffing the	8. CAUSE OF DEATH		MEDICA	CERTIFICATION	•	I INTERVAL RETWEEN
This does not mean the mode of dring, such as heart felture, either mode of dring, either mode of dring, such as heart felture, either mode of dring, either mode of dring	Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADIN	NDITION NG TO DEATH*(a) <u>Metas</u>	atic carcin	<mark>dma pilmonary a</mark> r	ONSET AND DEATH
the mode of dying, such the mode of dying, such the horder disting to heart felliure, asthenials, take, injury, or complication to the inderlying cause last the underlying cause last the underlying cause last the underlying cause last to the doore cause (a) stating the underlying cause last to the underlying cause last to the underlying cause last to the doore cause (a) stating the underlying cause last to the underlying cause last to the doore cause (a) stating the underlying cause last to the underlying cause last to the doore cause (a) stating the underlying cause last to the doore cause (a) stating the underlying cause last to the doore cause (a) stating the underlying cause last to the doore cause (a) stating the underlying cause last to the underlying cause last to the doore cause (a) stating the underlying cause last to the doore cause (a) stating the underlying cause last to the doore cause (a) stating the underlying cause last to the doore cause (a) stating the underlying cause last to the doore cause (a) stating to the death but not related to the death but not n	* M 14 - 2			idary to Car	cinoma rt	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Primary Ca right breast 20. AUTOPSY? YES NO 18a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE 18d. TIME (Month) OF HUJURY 21b. PLACE OF INJURY (e.g., in or about blooms, farm, factory, street, office bloid, sec.) WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK AT		Morbid conditions.	if any, giring DUE TO (b)	reast.		, <u> </u>
DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Country Country Country		rise to the above can the underlying caus	use (a) stating e last.		•	1 -0-0
On which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. Da. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Primary Ca right breast 20. AUTOPSY? YES NO 10. ACCIDENT SUICIDE HOMICIDE 10. TIME (Month) (Day) (Year) (Hour) 21b. INJURY (e.g., in or about home, farm, factory, street, office bidssto.) 10. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRED WHILE AT WORK AT WOR				·		
Pa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Primary Ca right breast 20. Autopsyl yes No 1st. Accident Suicide 19b. Major Findings of Operation Primary Ca right breast 20. Autopsyl yes No 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 20. Autopsyl yes No 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 20. Autopsyl yes No 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 20. Autopsyl yes No 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 20. Autopsyl yes No 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 20. Autopsyl yes No 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 21c. (City. Town, or Township) (County) (State) 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 21c. (City. Town, or Township) (County) (State) 1st. Accident 19b. Major Findings of Operation Primary Ca right breast 21c. (City. Town, or Township) (County) (State) 2st. How did injury occur?			CANT CONDITIONS			1950
98. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION Primary Ca right breast 20. AUTOPSY? YES NO 18. ACCIDENT SUICIDE HOMICIDE 18. ACCIDENT SUICIDE HOMICIDE HOMICIDE 18. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21c. (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJU	*	Conditions contributed to the disease	ting to the death but not e or condition causing death.	. •	170X	Table
18. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10. TIME (Month) (Day) (Year) (Elour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK NOT WHILE WORK NOT WHILE 2. I hereby certify that I attended the deceased from 1945 10 Jan 29 1951 14at I last saw the deceased alive on Jan 28 1951 and that death occurred at 25 Am., from the causes and on the date stated above. 30. STENATURE (Desmo or title) 23b. ADDRESS 23c. DATE SIGN 23b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) State 1-31-51 Spickard Come Grundy Co. Mo. ALE REC'D BY LOCAL REGISTRAR'S SIGNATURE 378 25. FUNERAL DIRECTOR'S SIGNATURE Princeton, Mo.	a. DATE OF OPERA-			mu Co mi abt	hnoagt	20. AUTOPSY?
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Mouth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. Horeby certify that I attended the deceased from At work At work Injury occur? 22f. Learn of the causes and on the date stated above. 32f. DATE SIGN 32f. DATE SIGN 32f. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State of the county) occurred of the causes of the deceased above. 32f. DATE SIGN 32f. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State of the county) occurred of the county occurred of the county occurred	TION		E 1. TM	m'a og tratte	DI cas t	1
1d. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED OF INJURY OCCUR? 21f. How did injury occur? 22f. Hat I last saw the decear diversity and injury occurs? 22f. Date saw the decear diversity and injury occur? 22f. Hat I last saw the decear diversity and injury occur? 22f. Date saw the decear diversity and injury occur? 22f. How did injury occur? 22f. How did injury occur? 22f. How did injury occur? 22f. Hat I last saw the decear diversity and injury occur? 22f. Date saw the decear diversity and injury occur? 22f. Hat I last saw the decear diversity and injury occur? 22f. How did injury occur?	Ia. ACCIDENT	(Specify) 21	Ib. PLACE OF INJURY (a.g., in or ab-	et 21c. (CITY TOWN OR	TOWNSHIP) (COUNTY)	
As. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. NAME OF CEMETERY OR CREMATORY 26. NAME OF CEMETERY OR CREMATORY	SUICIDE HOMICIDE				(230111)	(01/112/
INJURY WHILE AT NOT WHILE		(Day) (Vest) (H	(one) 21a INJURY OCCURRE	21f HOW DID IN IUPY	OCCUR?	
2. I hereby certify that I attended the deceased from 1945, to Jan 29, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 25 Am., from the causes and on the date stated above. 33. STENATURE (Decease or title) 23b, ADDRESS 23c. DATE SIGN 23c. DATE SIGN 23c. DATE SIGN 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 33d STENATURE 34d. LOCATION (City, town, or county) 35 FUNERAL DIRECTOR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADQRESS Martin Funeral Home Princeton, Mo	OF	(Ama) (A		7	oodin ,	
alive on Jan 28, 19.51, and that death occurred at 2.65 Am., from the causes and on the date stated above. (Descriptor V) Pleas Now. (State OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State OF CEMETERY OF CE		·	WORK L.J AT WORK L	<u> </u>	on 20 51	
ALL BURIAL CREMA- 226. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. DATE 25d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. DATE 25	2. I hereby certify t	hat I attended th	e deceased from			st saw the deceased
As. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State OF CEMETER) 1-31-51 Spickard Ceme Grundy Co. Mo. ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 373 25. FUNERAL DIRECTOR'S SIGNATURE ADQRESS Martin Funeral Home Princeton, Mg		<u> </u>	<u> </u>		he causes and on the date state	ed above.
As. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State Flowers) 1-31-51 Spickard Come Grundy Co. Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 378 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.	3 STENATURE	a 7	(Degree or title	23b, ADDRESS		23c. DATE SIGNED
Burial // 1-31-51 Spickard Come Grundy Co. Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 378 E-FUNERAL DIRECTOR'S SIGNATURE ADQRESS. ADDRESS Martin Funeral Home Princeton, Mo.	UDI.	Keslere	UT KRATI	Prenal	ow Mis	130/51
Burial // 1-31-51 Spickard Come Grundy Co. Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3 7 8 25. FUNERAL DIRECTOR'S SIGNATURE ADORESS ADORESS Martin Funeral Home Princeton, Mo.	4a. BURIAL, CREMA-	24b. DATE				nty) (State)
2 8/ 1 1 / / / 2 / 2 / 2	Burial //	1-31-51	Spickard	- ema	Grundy Co. Mo.	. •
2 8/1 - 1/2 - 10			GNATURE 392	25. FUNERAL DIREC	TOR'S SIGNATURE A	of on Mo
	2-5	1 /1/2	K/ruth O	Martin Fun	eral home Frince	COULT WA
- Interested - Assessment off weather fittle			(Licensed Embalmer			



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No.

Student Embalmer

Licensed Embalmer No. 3760

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.