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WHILE AT WORK	SUICIDE HOMICIDE			21c. (CITY, TOWN, OR	TOWNSHIP) (COUN	TY) (STATE)
alive on 12-18, 1952, that I last saw the deceased from 6-1 8, 1951, to 12-18, 1952, that I last saw the deceased alive on 12-18, 1953, and that death occurred at 8 m., from the causes and on the date stated above. 36. SIGNATURE (Degree or title) 23b. ADDRESS 46. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, of county) (State) 12/19/15 46. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY SPRINGFIELD, MISSOURI BURIAL CREMA- 24b. DATE 32c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 12-23-52 6444. Williamson Acquite HERMAN LOHMEYER SPRINGFIELD, MO	IId. TIME (Mess) OF INJURY	—,4 , 1 ,	WHILEAT NOT WHILE	211. HOW DID INJURY	Y OCCURT	•
alive on 12-18, 19.5 3 and that death occurred at 5 m., from the causes and on the date stated above. 3e. SIGNATURE (Degree or title) 23b. ADDRESS 4e. BURIAL, CREMA- 10N, REMOVAL GOODERS ST MARY'S BURIAL 12/20/52 ST MARY'S SPRINGFIELD, MISSOURI ATE RECO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPRINGFIELD, MO	2. I hereby certify	that I attended the de	ceased from 6-1	0, 1851, 10 13		
4. BURIAL CREMA- 24D. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) (State) 12/20/52 ST MARY'S SPRINGFIELD, MISSOURI MATE RECO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 12-9.3 SE EAST. Williamson Augusta HERMAN LOHMEYER SPRINGFIELD, MO	alive on 12.	-18 , 19 5 7 c	nd that death occurred at	O P m., from t	the causes and on the date	
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12-93 5 Edith Williamson Augusta HERMAN LOHMEYER SPRINGFIELD, MO	DATE REC'D RY LOCAL					ADDRESS
(Licensed Emilianer's Statement on Reverse Side)	12 - 4 2 - S	ENT 7.7.1	Linear Realth			NGFIELD, MO
	17-43 35	DUMA WILL	(Licensed Embelmer's	Statement on Reverse Si	de)	

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
orking under my personal supervision.	
itudent	Signed Levien J. Swally
Student Embalmer	Licensed Embalmer No. 418/15

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.