| V. S. No. 2<br>100M—8-43<br>Rev. 5-17-39 | DEPARTMENT OF COMMERCE  BUREAU OF THE CENSUS  FILED OCT 2/1 10/14  STANDARD CERTIF  | 4 3 7 7 7 3 2 7 3   |  |  |  |
|--|---|---|--|--|--|
| E № I X37823                             | Registration District No  | ict No. / 00 Z Registrar's No. 4107   |  |  |  |
| CE A PERMANENT RECORD                    | 1. PLACE OF DEATH:  (a) County  | (d) Street No. ((If rural, give location)  (e) Citizen of foreign country? NO (Yes or No)  If yes, name country Oct. 11th  20. DATE OF DEATH, Month day minute 30 P.M.  |  |  |  |
| LACK INK—MAKE                            | Ma 0 5. Color or Wh 6. (a) Single, widowed married, divorced.  6. (b) Name of husband or wife. 6. (c) Age of husband or wife if Minnie Rea 3. Single, widowed married, divorced.  7. Birth date of deceased November 18 1876 (Month) (Day) (Year)   | 21. I hereby certify that I attended the deceased from 2/0/4/1, 19; that I last saw h is alive on 10/16/4/4, 19; and that death occurred on the date and hour stated above.  Immediate cause of death.  Duration  |  |  |  |
| UNFADING BLACK                           | 8. AGE: Years   Months   Days   If less than one day   67   10   23   hrmin.  | Due to  |  |  |  |
| WRITE PLAINLY—USE UNFA                   | 9. Birthplace Carrol County Mo. 19 10. Usual occupation Salesman and Buyer 11. Industry or business K. C. Stock Yards Co. 12. Name Jonathan Rea 13. Birthplace Logan Ohio 14. Maiden name Cirri Is time Loff er or foreign country) 15. Birthplace Pickaway County Ohio 16. (a) Informant (Cirri Is time of County) Neva Rea 17. (a) Removal (Buriel, cremation, or removal) (Buriel, cremation, or removal) (c) Place: burial or cremation Plymouth, Mo.  18. (a) Signature of funeral director County) (State or foreign country) Plymouth, Mo. | Other conditions. (Include pregnancy within 3 months of death)  Major findings: Of operations.  Underline the cause to which death  Of autopsy.  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify). (b) Date of occurrence. (c) Where did injury occur?  (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Specify type of place)  While at work?  (c) Means of injury |  |  |  |
| •  | (b) Address (Ransas City, Mo)  19. (a) (Date received local registrer) (Registrer's signature)  (Licensed Embalmer's St.  | 23. Signature Round (M. D. er other)  Address 2/4. Wisthman Delayte signed / 9/4/44 atement on Reverse Side)  |  |  |  |

| 1                | STATEMENT BY LICENSED EMBALMER                                 | 1     |        | •       |      |
|------------------|--|-------|--------|---------|------|
| 1                | •  |       |        |         |      |
|                  | •  |       |        |         |      |
| t the hady whose | name is recorded on the reverse side of this certificate was a | emha' | lmed h | v me or | hv i |

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 U.R. Haunschild

Licensed Embalmer No. 413

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.