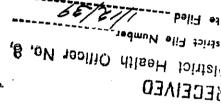
DEC'D JAN 1 8 1939 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. CERTIFICATE OF DEATH 1. PLACE OF DEATH (a) County..... Registration District No..... Primary Registration District No. (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred YES. mos. (a) Residence, No ... (Usual place of abode, if no street address, write county or city) (If nonresident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, and YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from SA, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eract to have occurred on the date stated above, at 7:45 6. DATE OF BIRTH (MONTH, DAY, AND YEAR If LESS than 1 7. AGE YEARS MONTHS DAYS The principal cause of death and related causes of importance were as follows: classified. day, MAD .... hrs. or .....mln. 8. Trade, profession, or particular kind of OCCUPATION work done, as sawyer, bookkeeper, etc..... 9. Industry or business in which work properly was done, as saw mill, bank, etc., 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... vear)..... carefully it may be p Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) so that it may (STATE OR COUNTRY) 13. NAME C 14. BIRTHPLACE (CITY OR TOWN) Name of operation ..... (STATE OR COUNTRY) in plain terms, What test confirmed diagnosis?. 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... \_\_\_\_\_\_ Date of injury....... 19...... 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur?..... (STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place. N. B.—Every item of CAUSE OF DEATH 17. INFORMANT (ADDRESS) Manner of injury...... 18. BURIAL, CREMATION. OR REMOVAL Nature of injury..... 19. FUNERAL DIRECTOR (ADDRESS) (Licensed Embalmer's Statement on Reverse Side)



## STATEMENT BY LICENSED EMBALMER

1,, Licensed Embalmer No
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
L. E.
Noor by, Registered Apprentice No
working under my personal supervision.
Signed

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.)