Registration District No. 1. PLACE OF DEATH (a) Country. (b) Country. (c) Name of hospital or frastitution. (d) Length of stay: In hospital or frastitution. (e) Social Security No. 3. (a) PIINT YULL NAME 3. (b) If vetran, name war 5. Color or 7. Sirth date of deceased Canal Canal (c) (hospital or survey or death) (d) Length of stay: In hospital or institution. (e) Social Security No. 2. USUAL RESIDENCE OF DECEASED: (d) State Visual Residence of Deceased: (e) Name of hospital or frastitution. (fires in hospital or frastitution. (g) Length of stay: In hospital or frastitution. (g) Length of stay: In hospital or frastitution. (g) Street No. (d) Street No. (if rest in hospital or frastitution. (if rest in hospital or frastitution. (if rest in hospital or frastitution. (if stay: In hospital or frastitution. (5. 2 2-40		BOARD OF HEALTH FICATE OF DEATH State File No	107
(a) Country (b) Chap-ortown (c) Caup-ortown (c) Chap-ortown (c) Chap-ortown (d) Lagrand of Institution (e) Name of hospital or institution (from hospital or institution (from hospital or institution (g) Name of hospital or institution (g) Social Security No. (g) Social Security No. (h) FINT (h) If toreign born, how long in U. S. A.7. (h) MEDICAL CERTIFICATION 20. DATE OF DEATH, Month (h) Gunty (h) First of the start of the deceased from mipute 21. I hereby certify that I attended the deceased from mipute (h) Name of hospital or institution. (h) Name of hospital or institution. (h) First date of deceased from the day of the start of deceased from the day of the day of the start of deceased from the day of		LE AUG I 1999 OUL	1.02~	
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3. (b) If veteran, name war. 3. (c) Social Security No. 4. Sex M., S. Color or race W. I. divorced McMarket divorced McMarket 6. (c) Age of husband or wife if allow years allow years 7. Birth date of deceased Canal Co. 7. Birth date of deceased Canal Co. 7. Birth date of deceased Canal Co. 8. AGE: Years Months Days If less than one day 10. Usual occupation McMarket 11. Industry or business 12. Name Sale (City, town, or county) 13. Birthplace (City, town, or county) 14. Maiden name City, town, or county) 15. Birthplace (City, town, or county) 16. (a) Informant Madden from City, town, or county) 17. (b) Address Bradger McMarket 18. Birthplace (City, town, or county) 19.	ENT	(d) Length of stay: In hospital or institution.	(d) Street No.	")
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3. (b) If veteran, name war. S. Color or 6. (a) Single, widowed, married divorced Managery 10 HO to 1		3. (d) PRINT Clyah Wom Johnson	02.0. 12	
4. Sex		1	71.	15¢ M
A Section of the state of the s	- 11	1 1 1	that I last saw hamalive on Frank 23	19 H-4
8. AGE: Years Months Days If less than one day Due to		alive vears	Immediate cause of death Sutermittent	Duration
10. Usual occupation		may 27-18M5(1) (Day) (Year)	7	net
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City, town, or county City town, or county City, town, or county City or town County City or town Ci	VLY—	12. Name Isaac. Johnson	Major findings: Of operations.	Underline
16. (a) Informant Color of County (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State of Did injury occur in or about home, on farm, in industrial place, in public place in public place in public place.	PLAD	(City, town, or dounty) // (State or foreign country)	Of autopsy:	which death should be charged sta- tistically.
(c) Place: burial eremention. (b) Date thereof 7-26-40 (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.		10 of 1 the least the same of	11 -	
(c) Place: burial or man con centery (South transform)	A	17. (a) Burel (b) Date thereof 7-26-40	(c) Where did injury occur?	
18. (a) Signature of funeral director (b) (b) Menne of injury		(burial cremation, or removal) (Mouth) (Day) (Year)	(Specify type of place)	public place?
(b) Address Braymu mo. 33 Simatur Hurry & Patterson (M. D. grother)		(b) Address Braymen mo.	23. Signatur Hung Pattinasu (M. D. or	- 11
19. (a) (Date received local registrar) (b) (Registrar's signature) Address Snaguer Wo Date signed 7 2 (Licensed Embalmer's Statement on Reverse Side)				ed 1124 40

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.

Signed Gernard L. Mena

Licensed Embalmer No. 250

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.

MISSOURI STATE BOARD OF HEALTH 2-21-40 STANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE State File N26 10 7 I X22659 BUREAU OF THE CENSUS Primary Registration District No. 6.23 Registration District No. Registrar's No..... 1. PLACE OF DEA 2. USUAL RESIDENCE OF DECEASED: (a) State..... (c) Name of hospital or institution: (c) City or town..... (If outside city or town limits write "RURAL") PERMANENT (If not in hospital or institution, write street number or location) (d) Street No..... (d) Length of stay: In hospital or institution..... (If rural, give location) years, months or days) (e) If foreign born, how MEAL CERTIFICATION 20. DATE OF DEATH 3. (b) If veteran. INK-MAKE пате war..... 21. I hereby certhothat I attended the deceased from...... 5. Color or 6. (a) Single, widowed, married divorced..... that death occurred on the date and hour stated above. Immediate cause of death BLACK 7. Birth date of deceased..... (Month) (Day) UNFADING 8. AGE: Vears Months Days If less than one 9. Birthplace..... or foreign country) (City, town, or county) Other conditions..... WRITE PLAINLY-USE Usual occupation...... (Include pregnancy within 3 months of death) 11. Industry or business PHYSICIAN Major findings: Of operations..... Underline the cause to which death (City, town, or county) Of autopsy..... should be 14. Maiden name charged statistically. 15. Birthplace (City, town, or county) 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)..... (b) Date of occurrence (b) Address..... (b) Date thereof (Month) (Day) (Year) (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? 17. (a) (Burial, cremation, or removal) (c) Place: burial or cremation..... (Specify type of place)
While at work? (e) Means of injury. 18. (a) Signature of funeral director..... 23. Signature (M. D. or other) 19. (a)

