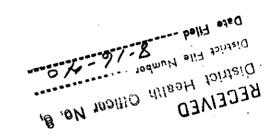
26109 MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE Rinta Mila No importan should stat Registration District No. Primary Registration District No Revistrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: Very PHYSICIANS (a) County. (á) State .83 (b) Olty or town. (If outside city or town limits, write of OCCUPATION (e) Name of hospital or institution: (e) City or tow (If not in hospital or institution, write street number or location) (d) Street No (d) Length of stay: In hospital or institution (Specify whether In this community... years, months or days) (e) If foreign born, how long in U. S. A.?. MEDICAL*CERTIFICATION 8. (a) PRINT FULL NAME statement 20. DATE OF DEATH: Month. 8. (b) If veteran. 8. (c) Social Security hame war. No. 21. I hereby certify that I attended the deceased from Exact / 5. Color or 12 6. (a) Single, widowed, married should divorced Annual and that death occurred on the date and hour stated above. classified. 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if Duration Immediate cause of death 7. Birth date of deceased (Ծ/նուհ) (Day) (Year) 8. AGE: Years Months Days If less than one day .min 9. Birthplace. (State or foreign country) 10. Usual occupation. (Include pregnancy within 3 months of death) 11. Industry or business PHYSICIAN -Every item of information should Major findings: 12. Name. Underline USE OF DEATH in plain terms, mo 13. Birthplace (Statete foreign country) 14. Maiden name charged statistically 15. Birthplace 22. If death-was due to external causes, fill in the following: (State or foreign country) (a) Accident, suicide, or homicide (specify). 16. (a) Informant's own signature (b) Date of occurrence. (b) Address (c) Where did injury occur?. (City or town) (County) (Burial, cremation, or removal) (Mouth) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation. (Specify type of place) 18. (a) Signature of funeral director (e) Means of injury While at work? (b) Address (M. D. or other) Date signed (Date poceived local registrar) (Registrar's alguature) (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

	·	
I hereby certify that the body whose name is recorded	nereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Registered Apprentice No	
	Registered	Apprentice No
working under my personal supervision.	0 000	

Signed Olybon

Licensed Embalmer No.

P. O. Address Drick MO

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, above space should be left blank.