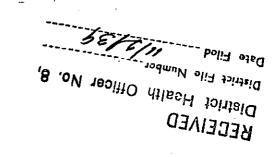
MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Do not use this space. . PLACE OF DEATH Registration District No..... (a) County... Primary Registration District No. Registered No. SICIANS (d) Street No.... (If death occurred in Hospital or Institution, write its name instead of street and number) RECORD (f) How long in U.S., if of foreign birth? de\_ TLY. PHYSICI OCCUPATION (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 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) ( DIVORCED (write the word) Ind l I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ....., 19....., to....., 19....., 19..... (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) / to have occurred on the date stated above, at. ద 7. AGE DAYS If LESS than 1 The principal cause of death and related causes of importance were as follows: YEARS MONTHS day, .....hrs. Date of onset or .....min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 22 an 9. Industry or business in which work was done, as saw mill, bank, etc.. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME should 14. BIRTHPLACE (CITY OR TOWN) Date of. Name of operation. ( STATE OR COUNTRY) What test confirmed diagnosis? Was there an autopsy? 15, MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Land Date of injur 2 23., 19 2.9 BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) plain Where did injury occur?... Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT SILL (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL 19. FUNERAL DIRECTOR (NAME) If so, specify...... (ADDRESS) (Signed). Local Registrar. (Licensed Embalmer's Statement on Reverse Side)



## STATEMENT BY LICENSED EMBALMER

		Registered Apprentice No
working under my per		,
working under my per	sonar super vision:	•
		Signed
•	•	Signed
	•	Licensed Embalmer No
•		•

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.