|  |  |                            |   | 7 <b>9</b> 4 0                              | Olai                        |  |
|--|--|----------------------------|---|---|-----------------------------|--|
| S. No. 2<br>M5-42                          | l b  |                            | ALTH OF MISSOURI                                    | ် <u>မွန့်</u> ပွဲ                          | U7                          |  |
| v. 5-17-39<br>≫I X32873                    | ILED OCT 20 1942   | NUARU CERTIF               | CALE OF DEATH                                       | State File No                               |                             |  |
| `]   | Registration District No.  | Primary Registration Distr | ict No. 406/  | Registrar's No. 29                          |                             |  |
| 3  | 1. PLACE OF DEATH:   |                            | 2. USUAL RESIDENCE O                                | F DECEASED:                                 | 12                          |  |
|  | (a) County Caldwell  |                            | (a) State Missour                                   |   | .2013                       |  |
| (A) 5                                      | (b) City or town faraymer  | Mo,                        | 13.   | (b) County Cally                            |                             |  |
| EC   | (If outside city or town limits, write "RUR/                         | .l." and name of township) |   | If outside city or town limits, write "RUR/ | (I.')                       |  |
| L BR                                       | (If not in hospital or institution, write street number or location) |                            | (d) Street No.                                      |   |                             |  |
| Z  | (d) Length of stay: /In hospital or institution                      |                            | (If rural, give location)                           |   |                             |  |
| 3  | Specify whether  |                            | (e) Citizen of foreign country                      | ) H20                                       | (Yes or No)                 |  |
| M/   | In this community years, months or days)                             |                            | If yes, name country                                |   |                             |  |
| EK   | 3. (a) PRINT CARRIED HARVER TONAL                                    |                            | MED   | ICAL CERTIFICATION                          |                             |  |
|  | 3. (a) PRINT CARRISON HARKER   | 10011149                   | 20. DATE OF DEATH: Mo                               | nth Seule day                               | **                          |  |
| 3  |  | (c) Social Security        | year 1443   | hour ///40 minute                           | P <sub>M</sub>              |  |
| AK   | name war   | vo none                    | 21. Deby certify that I atte                        | 0.1   |                             |  |
| 7  | 5. Color or 1, 1 6. (a) 6  | ingle, widowed, married,   | Meg - 20 -  | JAS Sell-b                                  | - 10 5/5                    |  |
| 7  | 4. Sex Mall Grace While 2.   | ivorced Sarry (p           | that Use saw hack alive on                          | Jelet /6                                    | 1964                        |  |
| Z  | 6. (b) Name of the wife  | Age of husband or wife if  | and that death occurred on the                      | e date and hour stated above.               | Duration                    |  |
| ¥  | Mary Wirabelly Young   | alive constant             | Impudinte caus of death                             | Pudelland                                   |                             |  |
| - V  | 7. Birth date of deceased  | 2 1867<br>(Day) (Year)     | Carry V   | jujung                                      | ••••                        |  |
| H H  | <del></del>  | (Day) (Year)               |   | · / / / / / / / / / / / / / / / / / / /     |                             |  |
| ايز  | 8, AGE: Years Months Days  | if less than one day       | Due to  |   |                             |  |
|  | 76 5 4   | hrmin.                     |   |   | *****                       |  |
| UNFADING BLACK INK—MAKE A PERMANENT RECORD | 9. Birthplace Ray  | W/0 0                      | Due to  | (/)   |                             |  |
| Š  | (City, to u, or county)  | (State or foreign country) | 15 tok  | 40- Cleroses                                |                             |  |
|  | 10. Usual occupation / amen  |                            | Other conditions. (Include preplanty within 3 month | m of death)                                 |                             |  |
| -USE                                       | 11. Industry or business Paramus                                     | uf_                        | Cordinal B  | Hoolsey &                                   | PHYSICIAN                   |  |
| 1.1  | E ( 12 Nam OFARRISON HARKER  | 100MA4                     | Major findings:<br>Of operations                    | - / //)A                                    |                             |  |
| Į į  | E 13. Birthplace Braymer   | Mo U                       |   | 1 4 20                                      | Underline<br>the cause to   |  |
| A12  | (City, town (or county)  | (State or foreign country) | Of autopsy  | u D   | which death<br>should be    |  |
| WRITE PLAINLY                              | 14. Maiden name Mar Has della  | mo O                       |   |   | charged sta-<br>tistically. |  |
| 鱼  | 15. Birthplace (City, Awn, or county)                                | (Style or foreign country) | 22. If death was due to extern                      | ial causes, fill in the following:          |                             |  |
| - E  | 16. (a) Informant Laly E Mu  | chae                       | (a) Accident, suicide, or homi                      | cide (specify)                              |                             |  |
| *  | (b) Address Praymer  | Wb.                        | (b) Date of occurrence                              | yar-  |                             |  |
|  | 17. (a) Buttial (b) Date thereo                                      | Dent 10-1943               | (c) Where did injury occur?                         | (City or town) (County)                     | (State)                     |  |
|  | (Burial, cremation, or removal)                                      | (Month) (Day) (Year)       | (d) Did injury or in or abou                        | ut home, on farm, in industrial place, in   | n public place?             |  |
|  | (c) Place: burial or cremation                                       | Saint                      |   | (Specify type of place)                     |                             |  |
|  | 18. (a) Signature of funeral direct Managed X                        | 213                        | While of work?                                      | (eans of injury                             |                             |  |
|  | (b) Address (1) 4 3 (1) 5 0 17                                       | and been                   | 23. Signa Wardered                                  | 1 (2) Droolsey M. D. o                      | r other)                    |  |
|  | 19. (a) (Date received local registrar) (Regis                       | trar's sign ture)          | Address   | Date sig                                    | ned 1/2 04.4-3              |  |
| }  | //5 / (Licensed Embalmer's Statement on Reverse Side)                |                            |   |   |                             |  |

## STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose par | ne is recorded on the reverse sid | e of this certificate was embalmed by me, or by |      |
|--|-----------------------------------|---|------|
| i noteby early time on body whose her    |                                   | ,   |      |
| •  |                                   | Registered Apprentice No                        |      |
| working under my personal supervision.   | 51                                | 2 / Sm  | ead_ |

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.)

Licensed Embalmer No.

If this body is not embalmed, fact should be so stated above.