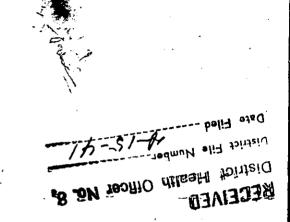
o. 2 -4-41	DEPARTMENT OF COMMERCE MISSOURI STATE E BURBAU OF THE CENSUS ADD 9 1 4041 STANDARD CERTIF	
7-39 X28390	Registration District No	rice No. 4445 Registrar's No. 9
T RECORD	1. PLACE OF DEATH: (a) County RAU (b) City or town Orvice (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location)	2. USUAL RESIDENCE OF DECEASED: (a) State Mission (b) County Read (c) City or town Ornick (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location)
PERMANENT	(d) Length of stay: In hospital or institution	(e) Citizen of foreign country? 100 (Yes or No) If yes, name country 1001
USE UNFADING BLACK INK—MAKE A PEI	3. (a) PRINT FULL NAME 3. (b) If veteran, name war 5. Color or 4. Sextenual race white divorced widowed, married, alive years 7. Birth date of deceased 8. AGE: Years Months Days If less than one day (City, two, or county) 10. Usual occupation 11. Industry or business 3. (c) Social Security No. 4. (a) Single, widowed, married, divorced widowed, divorced widowed, divorced widowed, married, divorced widowed, divorced widowed, divorced widow	20. DATE OF DEATH: Month March day year 1941 hour minute 30 MM. 21. I hereby certify that I attended the deceased from 1941 to 1941 to 1941 to 1941 to 1941 that I last saw has alive on 1941 and that death occurred on the date and hour stated above. Immediate cause of death Due to 1941 to
WRITE PLAINLY—(12. Name Bally Wells 13. Birthplace Ray County 14. Maiden name & Warn, or county) 15. Birthplace Ray County 16. (a) Informant & City, town, or county) 16. (a) Informant & City, town, or county) 17. (a) Ray (City, town, or county) 18. (b) Address Qurick, Max 19. (c) Place: burial or cremation, we removal) 19. (a) Signature of funeral director County (County town, or county) (Burial, cremation, or removal) (Borial, cremation, or removal) (Borial, cremation, or removal) (County town, or county) (Borial, cremation, or removal) (Borial, cremation, or removal) (County town, or county) (County town, or county) (State or foreign country) (State or foreign country) (Month) (Day) (Year) (County town, or county) (City, town, or county) (State or foreign country) (Figure town) (City, town, or country) (State or foreign country)	Major findings: Of operations Underline the cause to which death should be charged statistically. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (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? While at work? (Specify type of place) While at work? 23. Signature Date signed 3
	/Piconsed Eurosinica # 200	Hement on Meserse 216e)



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		
·	, Registered Apprentice No	
working under my personal supervision.		

Signed & Gilson

Licensed Embalmer No. 4137

P. O. Address Onick, M.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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