Registration District No.	Primary Registration District No		Registrar's No	***************************************
1. PLACE OF DEATH	2. ا	USUAL RESIDENCE OF	DECEASED:	
(a) County			(b) County	80
(b) City or town Carolical	7222.		(b) County	
(If outside cit for town limits, write "R (c) Name of hospital or institution:	URAL" and name of township) (c) (City or town,	outside city or town limits, write "RU	1841" J
(,,				MAL)
(If not in hospital or institution, write street n	number or location)	Street No	(If rural, give location)	
(d) Length of stay: In hospital or institution	(Specify whether (e)	Citizen of foreign country?		(Vestor N
In this community			* *2	
years, months or days)		If yes, name country		
3. (a) PRINT LUTHER ZI	ECENICS	MEDIC	CAL CERTIFICATION	_
FULL NAME & C	20. 1	DATE OF DEATH: Month	Orly day	6
3. (b) If veteran,	3. (c) Social Security	year 1946	hour 03 minute	50h
name war	No	I hereby certify that Kattene		0
6.	(c) Single, widowed, married,	111. 12	145 APOL 11	4
1 Shale motherist	" William !		5011	
	11 *****	I last saw h Lall alive on that death occurred on the d	ate and hour stated above.	197
6. (b) Name of husband or wife	(5) 1120 01 1100 0110 01 1110 11	ediate cause of death	,	Duratio
7. Birth date of deceased Mac	aliye years	Polar MIN	OULM BALL A	, 3/1
7. Birth date of deceased (Month)	(Day) (Yoar)	X OFFICE IN	we were	7a.w
	 		A 4 A A D O O O O O O O O O O O O O O O O O	
8. AGE: Years Months Days	If less than one day Due	to		
76 9 11	hrmin.	······································		
A. Care T.	Due 1	to		
9. Birthplace (City town, or county)	(State or foreign country)		· · · · · · · · · · · · · · · · · · ·	
10. Usual occupation Carrier	Other	r conditions (150)	16 MUSCASA	/L
•	(Incl	nde pregnancy within 3 months o	a death)	
11. Industry or business	Majo	or findings:	·	PHYSICL
12. Name Very	enese 11 10	f operations		Underli
3 13. Birthplace Cerrical	7 -			the cause which dea
Site town or county)	(State or foreign country)	f autopsy	<u> </u>	should charged 8
14. Maiden name				tistically
(City, town, opcounty)	(Satisfar foreign country) 22, 1	If death was due to external	causes, fill in the following:	
Marie C. A.		Accident, suicide, or homicio	ie (specify)	***************************************
16. (a) Informant	(b) 1	Date of occurrence		
(b) Address	2-16-1946	Where did injury occur?		
17. (a) (b) Date th	ereor		(City or town) (County) home, on farm, in industrial place	
(c) Place: burial or cremation our C	f Court		money on really in money plant	-,
18. (a) Signature of funeral director	O Real !	Salar de la Cal	(Specify type of place)	
4	e me	While at work?	(e) Means of injury	
(b) Address 123/1/4	23. 5	Signature OTAL	Cousin (M. I). es est //
19. (a) (Date received local registrar)	Registrar a signature) Addr		ill U WID Date	signed Z

APR 1 1948

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 the second of the reverse side of this certificate was embalmed by me, or the second of the reverse side of this certificate was embalmed by me, or the second of the reverse side of this certificate was embalmed by me, or the second of the reverse side of this certificate was embalmed by me, or the second of the reverse side of this certificate was embalmed by me, or the second of the reverse side of this certificate was embalmed by me, or the second of the second of the reverse side of this certificate was embalmed by me, or the second of the second					
	, Registered Apprentice No,					
vor	under my personal supervision.					
•	1210					

Signed Correct

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, fact should be so stated above.

S. No. 2B	DEPARTMENT OF COMMERCE THE STAT	E BOARD OF HE	ALTH OF MISSOURI		
5M· -3-45 I X43880			ATE OF DEATH	State File No	
	Registration District No. Primar	y Registration District	No	Registrar's No	
	1. PLACE OF DEATH		2. USUAL RESIDENCE OF D	ECEASED:	
RECORD	(a) County The County	40	(a) State	(b) County / Cal	<
8	(b) City or town (If outside city or town thits, write "RURAL" his	d name of township)	(c) City or towilleas (our of	Russil
	(If ourside city or town thits, write "Refirst" in (c) Name of hospital or institution:		(If ou	taide city town limits, write "RUR	٠ (الر
	(If not in hospital or institution, write street number or lo		(d) Street No.	(If ruel), give location)	ujo)
	(d) Length of stay: In hospital or institution	(Specify whether	(e) Citizen of foreign country?	zev	(Yes or No)
Ţ	In this communityyears, months or days)		If yes, name country	15	7
PERMANENT		•		CERTIFICATION	
	3. (a) PRINT Lither Liesl	mul.	20. DATE OF DEATH: Month	NZ DIE	86
Y 3	3. (b) If veteran, 3. (c) So	cial Security	year 19 Y		
3	name war		21. I hereby certify that I attended	the cased from	
¥		widowed, married,	1/20	<u>ي.</u>	
INK—MAKE	4. Sex race divorce	wad	hat Naut saw h alive on	<u> </u>	19;
_		of husband or wife if	and that death occurred on the date	and hour stated above.	Duration
동	7 Birth date of deceased May 5	18	in the diate coese of death		
Ž	7. Birth date of deceased(Month) (Day)	Year)		***************************************	
m to	8. AGE: Years Months Day	ss than one pay	Due to	***************************************	
UNFADING BLACK	76 9 W				
SAD	777	200 I	Due to		
	9. Birthplace (Star county) (Star	te or foreign country)			
	10. Usual occupation		Other conditions	eath)	
· Sp.	11. Industry or business during				PHYSICIAN
, , l	12. Name Alenny 3 lenne	ا مد	Major findings: Of operations		
Z	13. Birthplace	many	***************************************		Underline the cause to
_ 3 ∥	(City, town, & county) (See	o or foreign country	Of autopsy		which death should be charged sta-
<u>a</u>	14. Maiden name 5 15. Birthplace	maren -		***************************************	tistically.
WRITE PLAINLY—USE	(City, town, or county) (Stat	(0 or 10grigh company)	2. If death was due to external car	•	
	16. (a) Informant	Mercan-	Accident, suicide, or homicide (Date of occurrence	spectry)	
	(b) Address Coungity		c) Where did injury occur?		
	(Burial, cremation, or removal)	10 . 11	d) Did injury occur in or about hor	(City or town) (County) ne, on farm, in industrial place, i	(State) n public place?
,	(c) Place: burial or cremation (come.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	18. (a) Signature of funeral director.	(in i).	While at work?	pecify type of place) (c) Means of injury	
,	(b) Address Cought	1 2	3. Signature O. C. Kul	fauge (M.D.	or other)
	19. (a) (Date received local registrar) (Registrar's si	!	ddress Cow	all Madis	1.7 1/
				1	

S. No. 2B

5M---3-45

DEPARTMENT OF COMMERCE BURBAU OF THE CENSUS

Registration District No....

297

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6021

Registrar's No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) County Ray	ma ma	_
(b) City or town Coura De Quice	(a) State (b) County Ca	<u></u>
(If outside city of to that limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town (U-gatside city or town limits, write "RURAL"	
		U
(If not in hospital or institution, write street number or location)	(d) Street No(If rural, give location)	
(d) Length of stay: In hospital or institution	(e) Citizen of foreign country?	/3/ Nt-)
In this community	157	.(Yes or No)
years, months or days)	If yes, name country.	
3. (6) PRINT Lether Zilsenis	MEDICAL CERTIFICATION	16
3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month Pringle	м.
name war	21. I hereby certify that I attended the coccasi from	
5. Color or 6. (a) Single, widowed, married,		, 19;
4. Sex divorced divorced	that Natt saw h. Alive on	19
6. (b) Name of husband or wife	and that death occurred on the date and hour stated above.	Duration
5 alive	inhediatecans of death	
7. Birth date of deceased (Mont) (Pay) Year		
(Month 1887)	<u> </u>	
8. AGE: Years Months Day	Due to	
76 853 \ - min.		
9. Birthplace 7 1 2 mo	Due to	
City, town or country) (State or foreign country)		
10. Usual occupation	Other conditions	
11. Industry or busings James		PHYSICIAN
# / P//	Major findings: Of operations	
12. Name New Years		Underline the cause to
(State or foreign country)		which death
(14. Maiden name Conduct	Of autopsy	should be charged sta-
5 15. Birthplace Serman		tistically.
(City, town, or county) State Pforeign country)	22. If death was due to external causes, fill in the following:	
16. (a) Informant Ma add Stephins	(a) Accident, suicide, or homicide (specify)	
(b) Address Courgell, MG	(b) Date of occurrence	
17. (a) (b) Date thereof 2 (o	(City or town) (County)	(State)
(c) Place: burial or cremation.	(d) Did injury occur in or about home, on farm, in industrial place, in p	public place?
13. (a) Signature of funeral director. Catt La Reed	(Specify type of place)	
	While at work? (e) Means of injury	
(b) Address (b) Address (c)	23. Signature O / / / / / D, or o	ther)
19. (a) 1-46 (b) Matter Parkasa. (Date received local registrar) (Registrar engnature)	Address Date signer	<u>aMO</u>
	-	