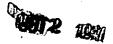
10 9	DEPARTMENT OF COMMERCIAL MISSOURI STATE E	4118/
1159	Registration District No. 104 Primary Registration Dist	rict No. 3008 Registrar's No. 224
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	Registration District No	2. USUAL RESIDENCE OF DECEASED: (a) State MISSOUII (b) County Monitou // (c) City or town Califorina (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location) (e) If foreign born, how long in U. S. A.? years. MEDICAL CERTIFICATION 20. DATE OF DEATH: Month How start day twenty first year. /24/ hour minute to P. M. 21. I hereby certify that I attended the deceased from How suffers and that death occurred on the date and hour stated above. Immediate cause of death. Itemark Duration Due to Central humanings Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations Underline the cause to which death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify).
A	(b) Address 17. (a) (Burial, cremation, or removal) (c) Place: burial or cremation 18. (a) Signature of function (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation 18. (b) Signature of function (b) Date thereof (Month) (Day) (Year)	(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? (Specify type of place) While at work? (Specify type of place)
	(b) Address California Mo 19. (a) 5-21-H (b) C. Granture adjusture) (Delle received local registrey) (Registrer's adjusture)	23. Signature State Aspetts (M. D. or other) (Address Date signed \$\frac{1}{2}\frac{1}{4}\frac{1}{2}
	/ U) (Licensed Embalmer's Sta	stement on Reverse Side)



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	
Pagistered Apprentice No.	•

working under my personal supervision.

Signed Hugh E Hellian

P. O. Address allfornia

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

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