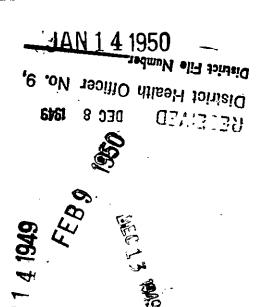
FILED DE	C 13 1949			HEALTH OF MI			200
	0 40 1343	21A	NDARD CER	TIFICATE OF			File No SU
BIRTH NO		REG. D	1ST. NO. 224	PRIMARY REG. (DIST. NO. 3/	046 Regis	trar's No. 6
I. PLACE OF D	EATH			2 USUAL R	ESIDENCE (Where deceased liv	ved. If institution:
a. COUNTY	Moni teau			a. STATE	lissouri	b. COL	Monite
b, CITY (If outside	correspute limite, write l	RURAL and	eive c. LENGTH	OF C. CITY (Mount	telde corpriente limi	ts, write RURAL at	d give township)
	<u>lifornia,</u>	<u>Mo.</u>	ownship) STAY (in this Lifet:	ime Town Ca	liforni		··
INSTITUTION	(7/		ive street address or locat	d, STREET/ ADDRESS	(If rural	l, give location)	;
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last))	4. DATE	(Month) (Day
(Type or Print)	FREDRI	ck H	ENRY HER	rti		OF	ov. 19.
5, SEX /	6. COLOR OR RACE	17. MARR	IED, NEVER MARRIE	D. 8. DATE OF BIR	₹TH	9 AGE (In year	TO IF UNDER 1 YEAR
Male ()	White	Mar	WED DIVORCED (Bpec	Nov. 6	, 1895	best birthday) 54	Months Days
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired)	10b. KIN	ID OF BUŞINESS OR DUST	IN: BIRTHPLACE	E (State or foreign	country)	12. CIT
Bookkee			1, 5031		eau Cou	nto /	COU
13a. FATHER'S NA		'	136. MOTHER'S MAI			ME OF HUSBANI	OR WIFE
Fred He		}	Louisa Me		l l		eynolds
	VER IN U.S. ARMED	FORCES?	16. SOCIAL SECUR		ANT'S SICH	ATURE OR N	
(Yes, no. or unknown)	(If yes, give war or dates	s of service)					
Yes		<u> </u>				illo, ∪a⊥	ifornia,
18. CAUSE OF DEATH	1 : 0155455 00 6	CAIDITION		AL CERTIFICATION	ЭŃ		INTER
Enter only one cause pe	I DIDECTIVICAD	NOTHUM DING TO DE	ATHIN Thu	eleple fe	Disage		37
line for (a), (b), and (c	*)	////	1111 (a)	The state of the s	Same.		
*This does not mea	ANTECEDENT C	:AUSES					ŀ
the mode of dying, suc	h Morbid condition	us, if any, gi	iving DUE TO (b)				
as heart fallure, arthenic	a, rise to the above o	cause (a) sta	ung	والمواجعة والمجاورة			ا - ا [و دیسر
etc. It means the dis	• 1	MOC PAGE.	DUE TO (c)	•	•	· · · -	
case, injury, or complica- tion which caused deati		IFICANT CO		[-	- 0 -	-, , -
the water to be a second			death but not ion causing death.	udio-Vareul	ar duca	in citype	rhung
19- DATE OF OPER/	4-, -196. MAJOR FIN						
TIO	N isb. mr.com the	Diliqu C.				•	
	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·				YES
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE	OF INJURY (e.g., in or al	bout 21c. (CITY, TOW	/N, OR TOWNSHI	(CC	OUNTY PORT
HOMICIDE			2000.3 , 111 001 , amou 5102.1.			. 1	746
21d. TIME (Moss	th) (Day) (Year)	(Hour) 2	1e. INJURY OCCURR	ED 21f. HOW DID IF	NJURY OCCURT		
INJURY			WORK AT WORK				
	<u></u>	 -	WORK LAT WORK				
22. I hereby certif	y that I attended t	the deceas	ed from June	, 19 / 62 , to	Nor 19	, 19 <u>44</u> 7, t	hat Í last saw t
alive on Zin	<u> 18 , 194</u>	9, and t	hat death occurred	l at 4:15 1 m., fi	rom the cause	s and on the d	ate stated above
23a. SIGNATURE			(Degree or tit			•	23c, E
1	a s	LA!	m. 2111	. 218 71.02	ar Pain	Jorus	111
CA AAN	125 DATE	-BOB-	5/6.00 - / 4	ETERY OR CREMATOR			. 1///
24a. BURIAL, CREI	dfy)						or county
Buriai	Nov. 2	1,194		c Cemetry			, Mon1te
DATE REC'D BY LOC	AL REGISTRAR'S	ŞĮGNATJURE	202	25 FUNERAL D	RECTOR'S	SIGNATURE	ADDRESS
ATE REC'D BY LOCAL TO THE PROPERTY OF THE PROP	AL REGISTRAP'S	SIGNATURE	: 202	WI LLIAMS	FUNERA	L HOME,	Califor



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	i on the reverse side of this certificate was embalmed by me, or by
	Student Embalaer No.
orking under my personal supervision.	
	Signed Hugh & Helliam
tudent	Signed Signed Signed

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.)

Student Embalmer

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