BIRTH MO.   REG. DIST. NO.   PRIMARY REG. DIST. NO.   STOLO Registrary No.	ALED JA	N 24 1951	STANDARD CERTIF		State File No.	637
LACKE OF DEATH  a. COUNTY COLE  b. CITY (If costable corporate limits, write RURAL and days constable)  c. STATE MISSOURY COLE COUNTY COLE COLOR control of the constable of the			REG. DIST. NO. 80	PRIMARY REG. DIST. NO. 5		
D. C. CITY (If contable corporate limite, write RUBAL and give township) TOWN CONTORTORY (If see its heapted or instruction, dry stress address or locations)  I. C. CITY (If contable corporate limite, write RUBAL and give township) TOWN CONTORTORY (If see its heapted or instruction, dry stress address or locations)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limite, write RUBAL and give township)  I. C. CITY (If contable corporate limits, write RUBAL and give township)  I. C. CITY (If contable corporate limits, write RUBAL and give township)  I. C. CITY (If contable corporate limits, write RUBAL and give township)  I. C. CITY (If contable corporate limits, write RUBAL and give township)  I. C. CITY (If contable corporate limits, write limits, write location)  I. C. CITY (If contable corporate limits, write location)  I. C. CITY (If contable corporate limits, write location)  I. C. CITY (If contable corporate limits, write location)  I. C. CITY (If contable corporate limits, write location)  I. C. CITY (If contable contable corporate limits, write location)  I. D. C. C. CLAST. ORD.  I. D. C. C. CLAST. ORD.  I. D. C. CLAST. ORD.  I. D. C. C. CLAST.	A. COUNTY			2 USUAL RESIDENCE	(Where deceased lived. If it	etitution: residence before
INSTITUTION Center town, Mo  3 NAME OF a. (First) b. (Middle) BECKEASED (Type or Print) Hulda Martin. Wagner  5. SEX [FORMale] White Hulda Martin. Wagner  5. SEX [FORMale] White Hulda Martin. Wagner  100. USUAL OCCUPATION (Coverhold of work of dependents most of works at the or produce of the physical content of white the rest of the or produce of the physical content of the physical con	TOWN Cont	ertown,	Marion 50 Yrs	c. CITY (If outside corporate line OR TOWNCONTOrtortOW	n, Mo 1	raship) 02/
DECEASED  (Type of Print)  (Type of Prin	HOSPITAL OR INSTITUTION (	(If not in hospital or in Centertown	stitution, give street address or location)  1. MO			
5. SEX FORM 16 COLOR OR RACE Wiltow Provided Pro	DECEASED		•		OF _ `	(), (2 cm)
10   USUAL OCCUPATION (Ober hitsed of some desertions more of systems like were it reduced by HOUSE WITE   OWN HOME   OWN HOME   SAXONY GOTMENTY   USUATE	5. SEX / 6	COLOR OR RACE	7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9. AGE (In years) IF these	R : TEAR   P (0)(0)(2 M 81
Martiz Schreider William Wagner  15. Was deceased ever in u.s. armed forces?  16. Social Security 17. Informant?  17. Informant?  18. Cause of death 20. Informant?  18. Cause of Death 20. Roth Medical Services  18. Ocial Security 20. Roth Medical Services  18. Ocial Security 20. Roth Medical Services  18. Ocial Security 20. Roth Medical Services  20. Roth Medical Services  21. Inforce, ob, and (o)  21. Disease or condition 21. Disease or condition 22. Inforce or ocial services  23. Authority of County 24. Accident 25. Accident 26. Time (Mosta)  26. Date of Opera-  19. Major findings of operation 27. Authority occurre  28. Accident 29. Major findings of operation  29. Authority occurre  21. Disease or condition causing death.  20. Authority 20. Authority 21. Other significant conditions 21. Accident 22. Inforce of Opera-  19. Major findings of operation 22. Inforce of Opera-  19. Major findings of operation 22. Inforce of Opera-  19. Major findings of operation 22. Inforce of Opera-  23. Significant 24. County 25. Authority that I cattended the deceased from 26. Authority that I cattended the deceased from 27. Authority 28. Date of Opera-  29. Authority that I cattended the deceased from 29. Authority 20. Authority 20. Authority 21. Appress 22. Appress 22. Appress 23. Significant 24. Name of Cemeterty or Cremantory 24. Localion (City, town, or county) 25. Date Significant 26. Date Significant 27. Centertown Cemetery 28. Date Significant 29. Funeral director's signature 29. Every and death of county 20. Authority 20. Authority 21. Appress 22. Centertown Cemetery 22. Inforce of the deceased from Cemetery 23. Significant 24. Name of Cemeterty or Cremantory 24. Localion (City, town, or county) 26. Oate Significant 29. Funeral director's signature 20. Exercicant 20. Every Cemeter or Cemeter or Signature 20. Every Cemeter or Cemeter or Cemeter or Signature 20. Every Cemeter	done during most of work	ing life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHA
NO PRO MODIFICATION  18. CAUSE OF DEATH Enter only one omes per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart falliure, authenia, de. It means the discase, injury, or compileration which conused death.  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  21b. PLACE OF INJURY (c.g., in or about House)  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  21b. PLACE OF INJURY (c.g., in or about PhOMICIDE  21d. TIME (Month) (Day) (Year) (Elour)  21d. TIME (Month) (Day) (Year) (Elour)  21d. TIME (Month) (Day) (Year) (Elour)  21e. INJURY (c.g., in or about Down, in many leastory, street, office bidg., etc.)  21f. HOW DID INJURY OCCURT  21g. HOW DID INJURY OCCURT  21g. HOW DID INJURY OCCURT  21g. HOW DID INJURY OCCURT  22g. SIGNATURE  (Degree or title) (23b. Agorress)  22a. DATE SIGNET  22b. BURIAL, CREMA.  19a. DATE OF OPERA.  10b. REG.  19a. DATE OF OPERA.  10c. DATE SIGNET  22b. BURIAL, CREMA.  10c. DATE OF OPERA.  10c. DATE SIGNET  22c. DATE SIGNET  22d. LOCATION (City, town, or county)  (Glabe)  22d. Center town Commetter of Center town.  22d. LOCATION (City, town, or county)  22d. LOCATION (City, town, or complex or the county of the county of the county of the county of the co	Martiz Sch	reiber	Wilmona Gor	NAME 14. N	AME OF HUSBAND OR WIT	
SCAUSE OF DEATH   Sinter only one course per line for (a), (b), and (c)	(Yes. no, or unknown) (I	ER IN U.S. ARMED F I yes, give war or dates o	of service) NO.	<i>/ L</i>   .	1	ADDRESS
the mode of dying, such as heart failure, as themic, as heart failure, as themic, atc. It means the disc cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  POLICIOE  192. DATE OF OPERA.  TION  193. DATE OF OPERA.  194. PLACE OF INJURY (e.g., in or about 10 pm., is arm. factory, street, office bidg., etc.)  POLICIOE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK AT	Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADIN	NOITION	ERTIFICATION	, /	INTERVAL BETWEEN ONSET AND DEATH
21a. ACCIDENT SUICIDE 10b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Foar) (Hour) 21e. INJURY OCCURRED OF INJURY 22d. Time (Month) (Day) (Foar) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 23d. SIGNATURE  22d. I hereby certify that I: attended the deceased from June 10 Am., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ABORESS 23c. DATE SIGNED 24d. BURIAL CREMA- LOCAL (Breedty) Jan 18 1951 Centertown Cemetery Centertown. Mo  1946. Centertown Cemetery Centertown. Mo 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	Morbid conditions, rise to the above can the underlying cause 11. OTHER SIGNIFI Conditions contribute	if any, giving DUE TO (b) use (a) stating to last.  DUE TO (c)  ICANT CONDITIONS ting to the death but not	abeta mel	litus	1)4X
HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE INDICATED WHILE INDICATED WORK NOT WHILE INDICATED AT WORK 1. 1944, to an 16 , 1947, that I last saw the decease alive on and 16 , 1947, and that death occurred at 10 A m., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ABORESS 23c. DATE SIGNET OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10 A m. (Stat	TION					20. AUTOPSY?
22. I hereby certify that I: attended the deceased from law 10 , 1946, to an 14 , 1927, that I last saw the deceased alive on law 16 , 1957, and that death occurred at 10 A m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23b. ABORESS  23c. DATE SIGNET  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  BUT 12 1 1 Jan 18 1951 Centertown Cometery Centertown. Mo  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  70 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	Ib. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSH	IP) (COUNTY),	(STATE)
alive on Jan /6 , 19 57, and that death occurred at 10 A m., from the causes and on the date stated above.  23a. SLOPIATURE  (Degree or title)   23b. APPRESS   23c. DATE SIGNED  23a. BURIAL CREMA   24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (Oity, town, or county)   (State)    TION, REMOVAL (Breedy)   Jan 18 1951   Centertown Cometery Centertown. Mo  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   70   25 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS    Tan.   REG.   REGISTRAR'S SIGNATURE   ADDRESS   ADDRESS   ADDRESS    TOTAL REGISTRAR'S SIGNATURE   70   25 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS    Tan.   REG.   REGISTRAR'S SIGNATURE   ADDRESS    Tan.   REG.   REG.   REGISTRAR'S SIGNATURE   ADDRESS    Tan.   REG.   REG.   REG.   REG.   REG.    Tan.   REG.    Tan.   REG.	II OF	(Day) (Year) (H		21f. HOW DID INJURY OCCUR?		
23c. Date Signed  23c. Date Si						
BUT 12 1 Jan 18 1951 Centertown Cometery Centertown. Mo  pate rect by Local Registrar's Signature 70 & Funeral Director's Signature aponess  San. 18 Reg. Mrs. Minnie Netturneya East & Bouline Colors	Could	Merry	Luld D. OF	23b. ASTORESS	Mi	23c. DATE SIGNED
Jan. 18 Red Mrs. minnie Hottenmyer Ease or Boulin California	TION REMOVAL CREMA BUT 121	Jan 18	1			
		REGISTRAR'S SIG	MATURE 70			Soress .

## RECEIVED/33.5/ DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_ Date Filed 1-23.81

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate	was emb	almed by me,	or by
Voct N. Bowlin				
working under my personal supervision.	Student	£mbalmer	No	392

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.