S. No. 2 -9-4-41	DEPARTMENT OF COMMERCE MISSOURI STATE E	TOATE OF BEATH
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	Registration District No Primary Registration District No (If out in hospital or institution, write atreet number or location) (If not in hospital or institution, write atreet number or location) (If not in hospital or institution, write atreet number or location) (If not in hospital or institution, write atreet number or location) (If not in hospital or institution, write atreet number or location) (If not in hospital or institution, write atreet number or location) (If not in hospital or institution, write atreet number or location) (If not in hospital or institution, write atreet number or location) (Specify whether No (Specify whether No (Social Security No (Age of husband or wife if alive years (Month) (Day) (Year) (Year) (No Usual occupation	ICAIE OF DEATH State File No
r	18. (a) Signature of temeral distribution of the first of	While at work? (a) Means of injury (b) Means of injury (c) (M. D. or other)
	19. (a) Thu 5- 42 (b) This game Wath (Date received local registrar) (Registrar's signature)	Address California Wo Date signed 3-4-42
	(Licensed Embalmer's St	atament on Reverse Side)

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I hereby certify that the body whose nar	ma is reported a	the warrange side of th	hia aastifaata waa ambalma	d burma or bu	• •	•
r nereby certify that the body whose har	ile is recorded or	i the reverse side of the	nis certificate was embanne	3 by file, of by		
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	•	***	Dogistared Appear	atian Nia		

working under my personal supervision.

Signed It & Fritameyer

P. O. Address Palefornia mo

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

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