MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration District No...... (b) Township... Primary Registration District No... Registered No. (c) City.... (d) Street No (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U.S., if of foreign birth? (e) Length of residence in citz or town where death occurred (a) Residence, No.... (If nonresident, give city or town and State) (Usual place of abode, if no street address, write county or city) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21, DATE OF DEATH (MONTH, DAY, AND YEAR DIVORCED (u)tte the work That, I attended SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at. If LESS than 1 7. AGE MONTHS/ DAYS The principal cause of death, and related causes of importance were as follows: day, .....brs. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc., 9. Industry or business in which work was done, as saw mill, bank, etc .... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation..... antributory causes of in 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY 13. NAME 14. BIRTHPLACE (CITY OR TOWN) ( STATE OR COUNTRY) What test confirmed diagnosis? ...... Was there an autopsy?..... 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN). Where did injury occur?..... (STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) N. B.—Every item CAUSE OF DEAT 18. BURIAL, CREMATION, OR GEMO Nature of injury..... Was disease or injury in any way related to occupation of deceased? 19. FUNERAL DIRECTOR (FAME (ADDRESS) If so, specify..... (Signed) cal Registrar. (Licensed Embalmer's Statement on Reverse Side)

COS 1 MAY 22 1939

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	s recorded on the	reverse side of this certificate was embalmed by me, or by
	-	, Registered Apprentice No
working under my personal supervision.	•	HETO

Signed ME trued meyer

P. O. Address California

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

If this body is not embalmed, above space should be left blank.