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A. COUNTY	residence before
BOLLINGER. MO. BOLLING	adinimion).
b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF C. CITY (If outside corporate limits, write RURAL and give township)	190
TOWN LUTESVILLE. TOWN LUTESVILLE. MO.	<u></u>
d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR ADDRESS (If rural, give location)	, 7
INSTITUTION BOND AGED. HOME. LUTES YILLE MAYOU	100 d.
3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Month) (Day OF) (Year)
(Type or Print) EMMA. B. JAMES DEATH 12 20	50
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 18. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR WIDOWED, DIVORCED (Specify) Months Days	of those m ars. Hours Min.
F. White Widowell 2/10-26-1881 69 / 24	
10a. USUAL: OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN- 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT
done during most of working life, even if retired) DUSTRY /	NTRY?
House WORK.	<u>S. A.</u>
136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	•
Miknoun Unknown. Roy. FAMES. HA	LN.MO.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service) NO. Parenty 14/5/5/64 05	- 44
MEDICAL CERTIFICATION OF THE LUT CSY, LLC	-110-
18. CAUSE OF DEATH MEDICAL CERTIFICATION / INTE	RVAL BETWEEN
CASE OF CONDITION	
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DISTRICT HEALTH OFFICE No. 6

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Licensed Embalmer No. P. O. Address The above MUST BE SIGNED BY THE LICENSED EMBALMER in bis OWN HANDWRITING. (Failure to comply with

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