DEPARTMENT OF PUBLIC KEAT HAND WELFAR PRIMARY SEQUENTIAN DISTRICT NO. 37						SION OF HEALTH STANDARD CERTIFICATE OF DEATH 0021890
No. 700 Page 1 Page 1 Page 1 Page 2 P		ARTME	ENT) F P	OBL:	Registration District No. Primary Registration District No. Registrar's No. Primary Registration District No. Registrar's No. Primary Registration District No. Registrar's No. Primary Registration District No. Primary Registration
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15. WAS DECERSED EVER IN U.S. ARMED FORCES? (Yes, in, or unknown) (If yes, give way or dates of service) 10. OR	<u> </u>	OII				I Marana Amerikan
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The state of the state of the best of my knowledge, from the causes stated. 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 20d. INJURY OCCURRED farm, friendly, street, office lidge, etc.) 21d. I attended the deceased from and last saw her alive on and last saw he		S.	.4			
20e. PLACE OF ADJURY (e.g., in of about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.) 21. I attended the deceased from	Z	AMI) DIC	20c. TIME OF Hour Month, Day, Year
AND WHILE A WORK DEPARTMENT OF THE PARTMENT OF	ž			🕈	\$	20d INJURY OCCURRED 20e. PLACE OF MURY (e.g., in a about home.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE
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Durial 5-27-04 Internotial Park Cell Luces Ville Indicator Address 25. Date Recd. By Local Reg. 24. Registrar's FigNature	•			 	<u> </u>	REMOVAL (Specify)
		2				burial 5-27-04 Memorial Park Cem. Luces Ville Mo.
		TEM		, ,		4. FUNERAL DIRECTOR
(Licensed Embalmer's Statement on Reverse Side)		-			"	Tauk 1115 at 2015

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

\$961 I 70c

\$96L 6 NOC

STATEMENT BY LICENSED EMBALMER

1 hereby	certify that the body whose name	ne is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working under m	ny personal supervision.	
Student	W.C.	Signed March Wathering
	Signature of Student Embalmer	
		licensed Embalmer No. 4717
		P. O. Address Derter Wo

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).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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