2. PRINT FULL NAME  (a) Residence, No. (Usual place of abode, if no street address, write county or city)  (II nonresident, give city or town and S  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (toriff the word)  5A. IF MARRIED, WIDOWED, OR DIVORCED (toriff the word)  1. DATE OF DEATH (MONTH, DAY, AND YEAR)  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than I day, has done, as sawyer, bookkeeper, stc.  7. If address, as a mill, bank, stc.  10. Date deceased last worked at this occupation (month and spentin this occupation (month and spentin) (STATE OR COUNTRY)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  Name of operation.  Date of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autog  What test confirmed diagnosis?  Was there an autog  Was there an autog  What test confirmed diagnosis?	1
(b) Township Me decided Primary Registeration District No. 17 3. Registered No. (c) City. (d) Street No. (d) Street No. (d) Street No. (if death occurred in Hospital or Institution, write its name instead of street and ds. (f) How long in U. S., if of foreign birth? yrs. in ds. (f) How long in U. S., if of foreign birth? yrs. in ds. (f) How long in U. S., if of foreign birth? yrs. in ds. (f) How long in U. S., if of foreign birth? yrs. in ds. (f) How long in U. S., if of foreign birth? yrs. in ds. (g) How long in U. S., if of fo	:e. ·
(c) City	
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth?  2. PRINT FULL NAME  (a) Residence, No. (Usual place of abode, if no street address, write county or city)  (b) Residence, No. (Usual place of abode, if no street address, write county or city)  (c) Residence, No. (Usual place of abode, if no street address, write county or city)  (d) Residence, No. (Usual place of abode, if no street address, write county or city)  (e) Residence, No. (Usual place of abode, if no street address, write county or city)  (If nonresident, give city or town and S  PERSONAL AND STATISTICAL PARTICULARS  (OR) WIFE OF RACE  (OR) WIFE OF SAMPING DAYS (If LESS than 1 day, hrs. or min.  (D) WORD OR PACE  (OR) WIFE OF SAMPING DAYS (If LESS than 1 day, hrs. or min.  (E) DATE OF BIRTH (MONTH, DAY, AND YEAR)  (OR) WIFE OF SAMPING DAYS (If LESS than 1 day, hrs. or min.  (E) S. Trade, profession, or particular kind of york was done, as saw mill, bank, etc.  (Is all occupation (month and year)  (STATE OR COUNTRY)  (STA	St,
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CORN WIFE OF Sanfard Jaurghan.  6. DATE OF BIRTH (MONTH, DAY, AND YEAR) After 27 / 86 l  7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Natural 9. Industry or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year).  11. Total time (years) spent in this occupation (month and year).  12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)  13. NAME Jace Stattlemer.  14. BIRTHPLACE (CITY OR TOWN). Make of operation. Date of STATE OR COUNTRY)  Name of operation. Date of Was there an autoj.	
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13. NAME Jame Stattleiner,  14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  17. Va,  What test confirmed diagnosis?  Was there an autor	<u> </u>
14. BIRTHPLACE (CITY OR TOWN)  15. Va.    Name of operation   Date of   What test confirmed diagnosis?   Was there an autor	
What test confirmed diagnosis? Was there an autor	
15. MAIDEN NAME Judy and Batton 23. If death was due to external causes (violence), fill in also the for	
Accident, suicide, or homicide? Date of injury	
(STATE OR COUNTRY)  Where did injury occur?  (Specify city or town, county, and	
17. INFORMANT Mrs. Jasin Faster Specify whether injury occurred in industry, in home, or in public pl	
(ADDRESS)	***************************************
18. BURIAL, CREMATION, OR REMOVAL Nature of injury	
PLACE Half Notic Ellurius pare June 2 .1839 24. Was disease or injury in any way related to occupation of decease	od?
19. FUNERAL DIRECTOR (NAME) (Killaym Ton (ADDRESS) (Signed) (Signed)	, м.
20. FILED June 3 1939 Mrs Claud Thomas (Address) Harris M	<u>)                                    </u>

RECEIVED	
District Health Offices No. 1	1.
District Filo Number 39-6	32
Dato Filed	-

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	scorded on the rewerse side of this o	certifica	ate was embalmed by me,
$DDD_{c}$	yre I		•
$\omega / C / C $	you j	or by	
		,	4: ,

..., working under my personal supervision.

Licensed Embalmer No.

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