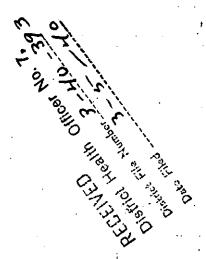
| tate 7 | TEEL P. A. LEAN | FICATE OF DEATH State File No. 6744 | | | |
|--|---|--|--|--|--|
| 2 nodu | Registration District No. Primary Registration Distr | rict No. 30/8 Registrar's No. | | | |
| WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD SO STATE SET OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. | BUREAU OF THE CENSUS STANDARD CERTII | Colty or town. Colty or town limits, write "RURAL" | | | |
| Rov. 5-17-39 W | (b) Address 17. (a) (Burial, cremation, or removal) (c) Place: burial or cremation 18. (a) Signature of funeral director (b) Address 19. (a) (Date received local registrar) (Registrar's signature) | (c) Where did injury occur? | | | |
| | (Licensed Embalmer's Sta | stement on Reverse Side) | | | |



STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by | | | | | | | | |
|---|----------|--|--------------|---------------|--|--|--|--|
| | • | | . Registered | Apprentice No | | | | |
| working under my personal supervision. | <i>:</i> | | | •• | | | | |

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.