2 D-39		FICATE OF DEATH State File No. 14705
39 21 4 92	Registration District No. 211 Primary Registration Dist	5201
ING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution, write street number or location) (d) Length of stay: In hospital or institution, In this community, years, months or days) 3. (a) PRINT FULL NAME 3. (b) If veteran, pame war No.	2. USUAL RESIDENCE OF DECEASED: (a) State Control (b) County Coll (c) City or town (imit write "RURAL") (d) Street No. R. 1 - Claton (If rural, give location) (e) If foreign born, how long in U. S. A.? years. MEDICAL CERTIFICATION 20. DATE OF DEATH: Month April day Minute 30 M.
	6. (a) Single, widowed, married, divorced divorc	21. I hereby certify that I attended the deceased from Africa 8 , 19 48, to free 9 , 19 40 that I last saw hamalive on and that death occurred on the date and hour stated above. Immediate cause of death Duration Due to
E UNFADING	9. Birthplace Classification Missourice (City, town, or county) 10. Usual occupation Selection (State or foreign country) 11. Industry or business Julient Jewellery	Other conditions (Include pregnancy within 3 months of death) PHYSICIAN
TE PLAINLY—USE	12. Name for the New York of State or Spring country (State or Spring country) (City, towns country) (City, towns country) (City, towns, or country) (State or Spring country) (State or Spring country) (State or Spring country)	Major findings: Of operations. Underline the cause to which death which death should be charged statistically. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify).
WRITE	(b) Address (Burial, cremation, or removal) (c) Place: inchess cremation (Month) (Day) (Year) (d) Address (Date of fameral directors) (e) Address (Date of fameral directors) (f) Address (Date of fameral directors) (g) Address (Graph of fameral directors)	(b) Date of occurrence (c) Where did injury occur?
•	(Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

M. Davis.

Licensed Embalmer Na 3 7 4 /

P. O. Address

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

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