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13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  18. INFORMANT  19. (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.		a NOAD	Other contributory causes of importance	. 4 & V	
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14. BIRTHPLACE (CITY OR TOWN)  STATE OR COUNTRY)  Name of operation	13. NAME	Cuntings.			
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide? Date of injury	14. BIRTHPLACE (CITY OR TOWN)		Name of energian	Data of	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  18. MAIDEN NAME  23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.	(STATE OR COUNTRY)	it know 4	II	•	
Accident, suicide, or homicide?  Date of injury	S MAIDEN NAME	(X orl ~			<del></del>
Where did injury occur? (Specify city or town, county, and State)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.	I		11		
Specify whether injury occurred in Industry, in home, or in public place.	O 16. BIRTHPLACE (CITY OR TOWN)	1 V m	Where did injury occur?		
17. INFORMANT	On				
(AUUKEDS)	17. INFORMANT (ADDRESS)	RIM	<u> </u>		
Manner of injury.		1 1 1			
MATE Calhaum, DATE Bury, 79 Nature of Injury		DATE Blug 1 46			2
24. Was disease of injury in any way related to occupation of deceased?	10	South 951		ated to occupation of decem	3907
19. FUNERAL DIRECTOR (NAME) (Signed) (Signed) M. M.		Low man	1 \/a / / (	Smill	M
20. FILED aug - 12 1940 mis Edirb & Simpor (Address A)	m = 12 - 11 had	Edith I him	A () ()	$= \bigcirc \lambda$	;
20. FILED CLUY - 12.1940 Man Carlot Registrar.	20. FILED CALL 9 1. 2. 19 7. 0 . 7 VAL	Lecal Registrar.	III Clint	on M	
(Licensed Embalmer's Statement on Reverse Side)	<del></del>		tement on Reverse Side)		

District File Munch 9-40-124 Date Files 9-3-40

Licensed Embalmer No ...

STATEMENT	BY	LICENSED	<b>EMBALMER</b>

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m	. In self	
		٠
, or by,	·,	

Registered Apprentice No....., working under my personal supervision.

Signed

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

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