WILL NOV 25 1997 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH should state very important. Primary Registration District No., Registration District No. Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECRASED: PHYSICIANS (a) County. (a) State (b) County .83 (b) City or town (If outside city or town limits, write "RURAL" and name of township) of OCCUPATION (c) Name of hospital or institution: (If outside city or town limits, write "RURAL") (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution (If rural, give location) In this community. years, mouths or days) (e) If foreign born, how long in U. S. A.?. MEDICAL CERTIFICATION 8. (a) PRINT statement FULL NAME. 20. DATE OF DEATH: Month. stated 8. (b) If veteran, 8. (c) Social Security No. 21. I hereby certify that I attended the deceased from 2 Exact 5. Color or (a) Single, widowed, married should assified. and that death occurred on the date and hour stated above. (b) Name of husband or wife. 6. (c) Age of husband or wife Duration 7. Birth date of deceased. (Month) (Day) (Year) properly 8. AGE: Years Days Months If less than one day be 9. Birthplace. that it may (State or foreign country) 10. Usual occupation (Include pregnancy within 3 months of death) 11. Industry or business PHYSICIAN Major findings: Of operations Underline N. B.—Every nem of CAUSE OF DEATH in plain terms, the cause to which death (State or foreign country) should be Of autopsy... charged sta-14. Maiden name_ tistically 15. Birthplace ... 22. If death was due to external causes, fill in the following: (State on fareign country) 16. (a) Informant's own signature (a) Accident, suicide, or homicide (specify). (b) Date of occurrence. (c) Where did injury occur?_ 17. (a) (b) Date thereof_ (County) (City or town) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation. (Specify type of place)
........... (e) Means of injury. 18. (a) Signature of funeral director. Ī (Licensed Embalmer's Statement on Reverse Side)

| 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 |

STATEMENT BY LICENSED EMBALMER

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.