. S. No. 2 		FICATE OF DEATH  State File No 17519
7.2.4.2	Registration District No. 16.3 Primary Registration Dist	rict No. 4093 Registrar's No. 27
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH:  (a) County.  (b) City or town.  (If outside city or town limits, of its "RURAL" and name of township)  (c) Name of hospital or institution, write street number or location)  (If not in hospital or institution.  (If not in hospital or institution.  (If not in hospital or institution.  (Specify whether  In this community.  years, months or days)  3. (a) PRINT  FULL NAME  3. (a) Single, widowed, married, divorced Married divorced Married  4. Sex Male race divorced Married  6. (b) Name of husband or wife  6. (c) Age of husband or wife find the divorced married divorced married divorced married  (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day	2. USUAL RESIDENCE OF DECEASED:  (a) State
	9. Birthplace 2 (City, town, or county)  10. Usual occupation Calculated Reference County  11. Industry or business (City, town, or county)  12. Name 2 (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name Macking (City, town, or county)  15. Birthplace (City, town, or county)  16. (a) Informant (City, town, or county)  17. (a) (Burlat, cremation, or removal)  18. (a) Signature of funeral director (December 2)  19. (a) Address (Burlat, County)  (Registrary algorithm)  (Registrary algorithm)  (Licensed Embalmer's Sta	Due to.  Other conditions. (Include pregnancy within 3 months of death)  Major findings: Of operations.  Underline the cause to which death should be charged statistically.  22. If death was due to external causes, fill in the following: (4) Accident, suicide, or homicide (specify). (5) Date of occurrence (6) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?  While at work?  (8) Means of injury  23. Signature W. R. Rayslow (a) Means of injury  Date signed Fulfy the tement on Reverse Side)

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## RECEIVED

District the Number & 41-942

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## STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the	e reverse s	ide of	this ce	rtificate	was embalmed	by me,	or b	y

working under my personal supervision.

Signed allen U Hays

Licensed Embalmer No. 4 & 8

Registered Apprentice No.....

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