DEPARTMENT OF COMMERCE MILLU STANDARD CERTIFICATE OF DEATH Registration District No		
Registration District No. Registration Registra	RA	
1. PLACE OF DEATH. (a) County. PASE No. (b) City or town. (If concide city or town limits, write "RURAL" and name of township) (c) Name of bospital or institution. In this consumulty. PAINT FULL NAME A. Ser. (a) Early whether years, souches or day) 5. Color or 4. Ser. (b) If veteran. 5. (c) Social Security No. 5. (d) Sacial Security No. 5. (e) Age of husband or wife if alive in the state of the control of t	<u> </u>	
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(b) Address Stand mw. (b) Date of occurrence	tistically	
(b) Address Stand mw. (b) Date of occurrence	 	
		
17. (a) Buris, cremetion, or removal) (b) Date thereof Apr. 1/8 1941 (c) Where did injury occur? (City or town) (County) (Buris, cremetion, or removal)	(State)	
(c) Place: burial or cremation $\frac{1}{100}$	paone piacer	
18. (a) Signature of funeral director Sassmans Juneral Service (Specify type of place) (b) Means of injury (c) Means of injury		
(b) Address Blowd - Mo	ethor)	
19. (a) (Date received local registrar) (Registrar's signature) Address Date sign	11-16-	
(Licensed Embalmer's Statement 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.	· · · · · ·	
	Signed Chester Lassmann	
	4/78	

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

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