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name war. No. Section No. No. Section No. No. Section No. No.	4 P		20. DATE OF DEATH Month 12 day 252	, 2
4. Sex	8		year 1943 hour 6 minut 3	0 . M.
4. Sex	IA		21. I hereby certify that I attended the deceased from	_ / _
ACE: Very Months Days If less than one day 9. Birthplace (Chy, towns or county) 10. Usual occupation 11. Industry or business 12. Name (Chy, towns or county) 13. Birthplace (Chy, towns or county) 14. Maiden name (Chy, towns or county) 15. Birthplace (Chy, towns or county) 16. (a) Informant (Chy, towns or county) 17. (a) (Chy, towns or county) 18. (d) Address (Chy, towns or county) 19. Date tiperconduction (Chy, towns or county) (Chy, towns or co	<u> </u>		1973, to 22	L., 19.44.3
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100 % (Licensed Embalmer's Statement on Reverse State)				<u> </u>

RECEIVED
District Health Officer No. 6;

District File Number 2 4 4 15 9

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.......

working under my personal supervision

Robula

P. O. Address Dest Julium M.
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)