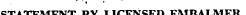
S. No. 2 0M-2-43 F. 5-17-39		FICATE OF DEATH State File No.
0M2-43		FICATE OF DEATH  state File No
	(b) Address 273794Fine Street  19. (c) MAR 23 1944 (b) E- X-Yuc) Lauran, (Beristra's signature)	Signature It wash Cohen (M. D. or orbar)  Baddress Koht Koch Husp Date signed 3/20/44
	(Licensed Embalmer's S	tatement 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	
ing under my personal superv	vision.	-		
· •	× .	. `	2000 D -110	
	· . **	Signed	vec // Justice y'	
	1		Licensed Embalmer No. 47 64	
	***		Diccioca Distriction 1	

the above constitutes grounds for revocation of license.)

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