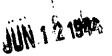
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No. 2 2-43 5-17-39	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	STANDARD CERTI	FICATE OF DEATH State File No	8579
1 X35697	FILED. JUN 12 1946 3	Primary Registration Dis	trice No. 24 5 73 Registrar's No.	*** ****
0 0	1. PLACE OF DEATH: (a) County	ou ,	2. USUAL RESIDENCE OF DECEASED:	61
う 300K	(b) City or town	rite "RURAL" and name of township)	(a) State (b) County (c) City or town	0
T RE	(if not in bospital or institution, write	street number or location)	(If outside city or town limits, write "RUF	(AL")
PERMANENT RECORD	(d) Length of stay: In hospital or institution in this community	(Specify whather	(s) Citizen of foreign country?	(Ver 01 No)
EMA	years, months or days)		If yes, name country	
	3. (6) PRINT archie Can	of atterberry	MEDICAL CERTIFICATION	<u>.</u>
INK—MAKE A	3. (b) If veteran,	3. (c) Social Security	20. DATE OF DEATH: Month April day 27 year 1944 hour 12:05 minute	
1A F	name war	No	21. I hereby certify that I attended the deceased from April	- •
<u> </u>	4. Sextale Orace White	6. (a) Single, widowed, married, 2 divorced Wildows	that I last saw h alive on the didn't	! 1944;
INF	6. (à) Name of husband or wife	-	and that death occurred on the date and hour stated above.	Duration
		aliveyears	Immediate cause of death Coronary heart	Duration
BLACK	7. Birth date of deceased (Mode)	(Yest)	<u>disease</u>	
	8. 'AGE: Years Months Da	ays If less than one day	Due to Unknown	
UNFADING	62 9 /	o hr. min.		
FAI	9. Birthplace attacta	mo 1	Due to	******
S	(City, tayn, or county)	(State or foreign country)	Other conditions	
-USE	10. Usual occupation		(Include programmy within 3 months of death)	
- [E (12. Name B. C. atte	rten	Major findings: Of operations	PHYSICIAN
Z.	E 13. Birthplace	+ mo o		Underline the cause to
WRITE PLAINLY	E (14. Maiden name (City, town, or conne))	(State or foreign country)	Of autopsy	which death should be charged sta-
3	5 15. Birthplace (City, town, or county)	(State or foreign constry)	22. If death was due to external causes, fill in the following:	ltistically.
3IT	16. (a) Informant Correct	Manican	(a) Accident, suicide, or homicide (specify)	
A	(b) Address OTTA	uta m	(b) Date of occurrence	
	17. (a) (Burial, cremation, or removal)	ate thereof 4 29 - 444 (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place,	(State)
	(c) Place: burial or cremation	Labor,		m paone piacer
	18. (a) Signature of funeral director.	upuddung	While at work? (Specify type of place) While at work? (c) Means of injury	
	(b) Address 22 22 22 22 22 22 22 22 22 22 22 22 2	as a & Combra	The state of the s	or other)
	(b) (Date received feed) registrar)	(Registrar's signs ture)	Address QQ Date d	1611
	10:	3 (Licensed Embalmer's St	atement 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				
10	Registered Apprentice No,			
working under my personal supervision.				

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, fact should be so stated above.