7. S. No. 2 0M8-43	DEPARTMENT OF COMMERCE THE STATE BOARD OF INTERPRETATION OF THE CENSUS STANDARD CERTIFIES	CATE OF DEATH
ev. 5-17-39 • I ×37823	Registration District No. 22/1944 Primary Registration District	-6A.
PCORD	(a) County (b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (1) (c) City or town (1) (If outside city or flown limits, write "RURAL")
A PERMANENT RECORD	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. (Specify whether In this community.	(d) Street No
	3. (a) PRINT Appolonia Minnie Trappolonia 3. (b) If veteran, 3. (c) Social Security No. None	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month July day 28th year 1944 Cour 7: 0 minute R. M.
INK—MAKE	name war. 5. Color or race White vivorcet stronger 6. (a) Single, withwell, married, ivorcet stronger 6. (b) Name of husband or wife	21. I hereby certify that I attended the deceased from
	7. Birth date of deceases (Month) 25 / 9/4 (Year) 8. AGE: Years Months Days If less than one day	Immediate cause of death
	9. Birthplace George County Inc. min. (City, torfi, or county) (State or foreign country)	Due to de a of with out Mad allection of he has been on
-OSE	10. Usual occupation 11. Industry or business 12. Name Anton Trapp	Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Underline
WRITE PLAINLY	13. Birthplac (14. Maiden name (15. Birthplac (15.	Of autopsy 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
WRIT	16. (a) Informant (b) Address (b) Address (b) Date thereof 7-31-1944 17. (a) (B) Pall (c) (b) Date thereof (b) (Day) (Year)	(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State)
	(c) Place: burial exercising blanch (b) Address.	(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (b) Means of injury
	19. (a) J-2-44 (b) Those Fill Clare (Registrar's signature) 13. 2 (Licensed Embalmer's Sta	23. Signature M. D. and M. And

RECEIVED

or File Number 844-4204

	•		4.3			
TAT	TEL	AT'N'	T DV	LICENSED	EMRAT	MER

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 albert Bey

Pro Address Terrible In

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.