V. S. N. 2 DEPARTMENT OF COMMERCE BURNAY OF COMMERCE BURNAY OF CAMERA STANDARD CERTIFICATE OF DEATH State Fill, No. 1. PLACE OF DEATH (6) County. Fall State Fill No. 1. PLACE OF DEATH (6) County. Fall State Fill No. (7) City or town. (8) Name of hospitale institution, with states thanked played in the community. The property of the county of			······································			
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		(Licensed Embalmer's State				

RECEIVED District Health Officer No.	11,
District File Number	

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CONTRACTOR STARTER	TORE	TIMESTA	E RATERA I MINISTE

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.

Joe E. Wheeler

Registered Apprentice No.....

Licensed Embalmer No. 30

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.