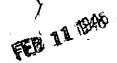
No. 2 ⊢5-42	DEPARTMENT OF COMMERCE STATE BOARD OF HI	
-17-39 X32873	FILED FEB 7 1946 STANDARD CERTIF	
.0,	Registration District No	rict No. 3 2 3 Registrar's No. 2 3
	(a) County Jessey	(a) State Margaret (b) County Henry
200	(b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution;	(c) City or town Clarity
r re	Ocames Juring Joone	(If outside city or town limits, write "BURAL")  (d) Street No.
と PERMANENT RECORD	(If not in hospital or institution, write street nymber or location)  (d) Length of stay: In hospital or institution	(e) Citizen of foreign country? (Yes or No)
MAN	In this community 3 years, months or days)	If yes, name country
ERI	3. (a) PRINT Walter W. Flaner	MEDICAL CERTIFICATION
V	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month day
AKE	name war No	year 1946 hour minute 20 A.M.  21. I hereby certify that I attended the deceased from 1 2 9 46
INK—MAKE	5. Color or 6. (a) Single, widowed, married.	19 to 2- / 1946
NK C	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	that I last saw it alive on 19.44.  and that death occurred on the date and hour stated above.  Duration
-	aliveyears	Immediate cause of death Down
BLACK	7. Birth date of deceased	I degitalized fine, He seemed
	8. AGE: Years Months Days If less than one day	men to be doing wice a the
\IQ\	75 / 9 hr. min.	his death this morning
UNFADING	9. Birthplace (City, town, or pounty) (State or foreign country)	Sil-C.
ÚSE U	10. Usual occupation Sabare	(Include pregnancy within 3 month-of death)
ži.	11. Industry or business	Major findings:
ALY.	12. Name The Original Community of the C	Of operations
PLAINLY	[State or long a country] (State or long a country)	Of autopsy which death should be charged sta-
	15. Birthplace (City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
WRITE	16. (a) Informant (State or towning)	(a) Accident, suicide, or homicide (specify)
▶	(b) Address Clarities mo	(b) Date of occurrence.
	17. (a) (Burisl, cremation, or removal) (Month) (Day) (Year)	(Clty of town) (County) (State)  (d) Did injury occur in or about home, on farm, in industrial place, in public place?
.	(c) Place: burial or cremation.	While at work? (Speciffyspe of place)  Whole at work? (Speciffyspe of place)
	(b) Address Clinton 770	23. Signature C. Cellor (Ny Blor other)
	19. (a) 2 - / (b) 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	Address Date signed // 86
	(Licensed Embalmer's St	atement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

Officer No. 7,

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.

Signed Hall Signed Embalmas No. 2478

Registered Apprentice No...

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.