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(a) County, MACS No. (b) City or town. MONTH of the Section of Section Section of Section of Section Section of Section Section of Section Section of Section Se	p's No. 47	rict No. 4427 Registrar's No. 4	300	I X36671
3. (b) If veteran, name war  No.  3. (c) Social Security No.  4. Sex M S. Color or 6. (a) Single, widowed, married, divorced S. Color or 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  7. Birth date of deceased April 16 (April 18 8. AGE: Years Months Days If less than one day 3. hr. min.  9. Birthplace Alayne Suille (Sitts or foreign coentry)  10. Usual occupation 11. Industry or business.  22. In death was due to external causes, fill in the following: (City topn. or county)  (County topn. or county)  (City topn. or county)  (City topn. or county)  (County topn. or county)  (City topn. or county)  (City topn. or county)  (County topn. or county)  (County topn. or county)  (City topn. or county)  (County topn. or county)  (City topn. or county)  (City topn. or county)		(a) State. + K - (b) County 7	(a) County Pulaski	S Que
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3. (b) If veteran, name war  No.  No.  1. I hereby certify that I attended the deceased from the file of the principle of the	1 🛠	غم الس	3. (a) PRINT Phillip Roland Winemiller	PER
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18. (a) Signature of typerof directors MANT TURES While at work? (b) Means of injury  (b) Address Acolly Holma Buckthan  19. (a) 4-23-47 (b) Holma Buckthan  (M. D. or of Address Wayness Wayn	) (County) (State) industrial place, in public place?	·· [ (City or lown) (County)	(Burial, cremation, lor removal) (Month) (Day) (Year)	
19. (a) 4-33-47 (b) The Ima 1. Suckthan 23. Signature What (M. D. or of Chale received local registrar) (Registrar's signature) at G Address Wayness (D. Date signed	cs)	(Specify type of place) While at work?(e) Means of injury	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(M. D. or other)		19. (6) 4-23-47 (b) otherma C. Buckthan	·
(Meensed Empainer's Statement on Reverse Side)	- Water enganting and the			

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
vorking under my personal supervision.	signed Eubest & Feiguson
	Licensed Embalmer No. 3945

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.