| S. No. 2 1—8-43 | DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFI | CATE OF DEATH |
|-----------------------|--|--|
| 5-17-39 • I X37823 | FIED OCT 11 1948 5 Registration District No. 2 5 Primary Registration District | F0-0 h |
| RECORD | 1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write "RUHAL" and name of township) (c) Name of hospital or institution; | 2. USUAL RESIDENCE OF DECEASED; (a) State Messaure (b) County Oracle (c) City or town Industry or town limits, write "RURAL") |
| 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 45 47 5 7 6 7 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 | (d) Street No. (If rural, give location) (e) Citizen of foreign country? (Yes or No) If yes, name country. MEDICAL CERTIFICATION |
| < | 3. (a) PRINT NATHAN L. HARLE J 3. (b) If veteran, name war ho No. No. | 23. DATE OF DEATH: Montil Corolly day 2 wear / 9 4 5 hour minute 3 D P M. 21. I hereby certify that I attended the deceased from 9 4 3 |
| ACK INK—MAKE | 4. Sex Male) 5. Color or race While divorced Maxwel 6. (b) Name of husband or wife. 6. (c) Age of leastered or wife if alive. 78 years 7. Birth date of deceased. | that I last saw h. Malive on October 2 1947; and that death occurred on the date and hour stated above. Immediate cause of death |
| UNFADING BLACK | 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day | Due to Parinity atous rephilis 10 yr |
| Y—USE UN | 9. Birthplace (City, town, or county) (State or foreign country) 10. Usual occupation | Other conditions Anguestoid arthritis (Include pregnancy within 3 months of death) Major findings: Of operations Underline |
| WRITE PLAINLY—USE | (City, town, or county) State or foreign country) (City, town, or country) (City, town, or country) (City, town, or country) (City, town, or country) | Of autopsy the cause to which death which death should be charged statistically. 22. If death was due to external causes, fill in the following: |
| . WRI | 16. (a) Informant County: Hard (b) Address (b) Address (b) Date thereof (b) County (c) Place: burial or cremation (c) Place: | (a) Accident, suicide, or homicide (specify) |
| | 18. (a) Signature of funeral director Cleakers the Homes. (b) Address. A a wille Homes. 19. (a) / 10 - 7 - 48 (b) Mal J. L. | While at work? (Specify type of place) 23. Signature (Means of injury (Means of other) (Means other) (M |
| | (Licensed Embalmer's Sta | tement on Reverse Side) |

RECEIVED

District Health Officer No. 6;

District File Number 1048 1122

STATEMENT BY LICENSED EMBALMER

| 3// 10 7:1 | |
|---|--|
| 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 CA Roof

Licensed Embalmer No....3 0 1

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.