| | 7 40.40 | THE DIVISION OF HE | | ` | | |
|---|---|--|---|---------------------------------|-------------------------------------|---|
| FILED MAY | 7 1949 | STANDARD CERTIF | ICATE OF DEAT | TH State | File No | 13202 |
| BIRTH NO | | _ REG. DIST. NO. 2.39 | PRIMARY REG. DIST. N | . 5825 Regis | trar's No | 21 |
| 1. PLACE OF DEA | 011/1/ | Madrid | 2. USUAL RESIDE | NCE (Where deceased live b. COU | red. If losti | tution: residence bef |
| b. CITY (It obicide cor OR TOWN | rpurate limita, write F | URAL and give C. LENGTH OF township) AAY (in this place) | c. CITY (If opposite corpo | ate limite, write RURAL an | d give towns | hip) 9 |
| d. FULL NAME OF (I HOSPITAL OR / INSTITUTION | If more in hompital or i | natitution, give afrect address or location) | d. STREET ADDRESS | (If rural, give location) | Va | nma |
| 3. NAME OF DECEASED | a. (First) | b. (Middle) | LET ALL EN | 0.7 | (Month) | (Day) (Year) |
| 5. SEX 6. | COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORGED (Specify) | 3. DATE OF BIRTH | 9. AGE (In year | IF UNDER | Days Hours Mir |
| 10a. USUAL OCCUPATIO | | 10b. KIND OF BUSINESS OR IN- | 11. BIRTHPLACE (State or | foreign country) | 0 | 12. CITIZEN OF WHA |
| HOUND 1 | 10 | 13b. MOTHER'S MAIDEN | NAME TO THE | 14. NAME OF HUSBAN | OR WIFE | 12 3 |
| 15. WAS DECEASED EVE (Yes, no or unknown) (If | R IN U.S. ARMED | | 17. INFORMANT S | SIGNATURE OF N | AME) | ADDRESS |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I: DISEASE OR C | | ERTIFICATION | | | ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthenia. | ANTECEDENT C Morbid condition rise to the above of the underlying ca | AUSES | Coute M | yocardi | tis | |
| *This does not mean the mode of dying, such | Morbid condition rise to the above the underlying ca II. OTHER SIGNI Conditions contri | AUSES | Caute M | yorardi | lis. | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- | Morbid condition rise to the above of the underlying ca 11. OTHER SIGNI Conditions contri related to the dise | AUSES s, if any, giving DUE TO (b) cause (a) stating use last. DUE TO (c) FICANT CONDITIONS buting to the death but not | Conte M | yosardi Y | 317 | 20. AUTOPSY? |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE | Morbid condition rise to the above of the underlying ca 11. OTHER SIGNI Conditions contri related to the dise | AUSES as, if any, giving DUE TO (b) cause (a) stating use last. DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition causing death. | Caute Me | yolardi Winship (CC | dis 2 17 | l — - |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION | Morbid condition rise to the above of the underlying ca 11. OTHER SIGNI Conditions contri related to the dise. 19b. MAJOR FIN (Specify) | AUSES a, if any, giving DUE TO (b) cause (a) stating use last. DUE TO (c) FICANT CONDITIONS buting to the death but not ase or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, stress, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILEAT IST NOT WHILE | 21c. (CITY, TOWN, OR TO | | Tis Tis | YES NO |
| *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF, INJURY 22. I hereby certify to | Morbid condition rise to the above of the underlying ca 11. OTHER SIGNI Conditions contri- related to the disection (Specify) (Day) (Year) | AUSES a, if any, giving DUE TO (b) cause (a) stating DUE TO (c) FICANT CONDITIONS buting to the death but not ase or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK | 21f. HOW DID INJURY (| CCUR?, 19, 1 | that I las | yes No (STATE) |
| *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF; INJURY (Month) | Morbid condition rise to the above of the underlying ca II. OTHER SIGNI Conditions contri related to the dise. 19b. MAJOR FIN (Specify) (Day) (Year) | AUSES a, if any, giving DUE TO (b) cruse (a) stating DUE TO (c) FICANT CONDITIONS buting to the death but not ase or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) (Hour) MHILE AT NOT WHILE WORK AT WORK | 21f. HOW DID INJURY (| CCUR? | that I las | yes No (STATE) t saw the deceased above. |
| *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF, INJURY 22. I hereby certify to | Morbid condition rise to the above of the underlying ca II. OTHER SIGNI Conditions contri related to the dise. 19b. MAJOR FIN (Specify) (Day) (Year) that I attended 19 | AUSES a, if any, giving DUE TO (b) muse (a) stating DUE TO (c) FICANT CONDITIONS buting to the death but not ase or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK the deceased from , and that death occurred at | 21f. HOW DID INJURY Company to men, from the 23b. Appress | causes and on the c | that I lass late stated | t saw the decease above. |
| *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF, INJURY 22. I hereby certify to alive or | Morbid condition rise to the above of the underlying ca II. OTHER SIGNI Conditions contri related to the dise IPD. MAJOR FIN (Specify) (Day) (Year) That I attended 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | AUSES a, if any, giving DUE TO (b) muse (a) stating DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK the deceased from and that death occurred at the gree or title) | 21f. HOW DID INJURY Company to men, from the 23b. Appress | causes and on the co | that I lass late states wn, or coun | yes No (STATE) t saw the decease above. |

District File Number 549. 553

District File Number 5-5-42

Date Filed

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

on.
Signed BABrenlunge

Licensed Embalmer No.

P. O. Address P.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.