No.300	eren ner	9 10 40 40 F	THE DIVISION OF HE			41923
10.48	PHEN DE	C 19 1949 STANDARD CERTIFICATE OF DEATH				
71	BIRTH NOREG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5387 Regists					
	a. COUNTY	TH ALR		a. STATE	NCE (Whate decoded lived, 11	institution: residence before
	b. CITY (H optains of TOWN	Durate limits, write	RURAL and give c. LENGTH OF STAY (in this place	C. CITY (Exputable community limits, write BURAL and give township) OR TOWN		
A PERMANENT RECORD	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	If not in hospital or	institution, give street address or location)	d. STREET (B' roral, give tobation)		
	3. NAME OF DECEASED (Type or Print)	a (First)	line b. (Middle)	eland	4. DATE (Moon OF DEATH /O	th) (Day) (Year) - 6- 49
	5. SEX 7 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Broads)	8. DATE OF BIRTH	9. AGE (In years) IF to last highlight	THOUR I YEAR OF UNDER M HIS.
	10n. USUAL OCCUPATION Symposium months of working	N (City's kind of work ag life, even if retired)	10b, KIND OF BUSINESS OR IN-	JI. BIRTHPLACE (Brass of	r toreien country	12. CITIZEN OF WHAT
	Sa FATHER'S NAME	for	13b. MOTHER'S MAIDE	N MAME	14. MANTE OF HUSBAND OR	WIFE
MAKE	15. WAS DECEASED EVE (Yes, so, or fair town) (II	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY	MAPORMANT'S	SIGNATURE OR NAME	J Clark
INK—A	18. CAUSE OF DEATH Enter only one cause per I. DISEASE OR CONDITION UNRECTLY LEADING TO DEATH*(a) Pernicious Anemia					
CK	*This does not mean the mode of dying, such					
BĽA	as beart fallure, asthenia, etc. It means the dis-	rice to the above the underlying o	ns, if any, giving DUE TO (b) cause (a) stating cause last.	المحمول المحمد وفاوها المسورة المحاسبة المحاسبات المحاسبات	•	
DING	case, injury, or complica- tion which caused death.		IFICANT CONDITIONS ibuting to the death but not ease or condition causing death.			2900
UNFADING	19a. DATE OF OPERA- TION		NDINGS OF OPERATION			20. AÚTOPSY?
	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., ste.)	21c. (CITY, TOWN, OR T	COUNTY	
-USING		(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY	OCCURT	•• ••
PLAINLY	22. I hereby certify to	hat I attended	the deceased from 5-27 and that death occurred at	19-48 dig 9-1	$\frac{28}{6}$, 19 $\frac{49}{6}$, that I e causes and on the date s	last saw the deceased lated above.
- - [234. SIGNATURE	Octora	h- Doan M.D.	Bakersfield	, Мо.	Z2c. DATE SIGNED
WRITE	24a. BURLAL CREMA TION, KENDYAL (Speak)		249 Taptul	HUI 1	DOCATION (Olty; town, or	
7	DATE REC'D BY LOCAL REG		SIGNATURE 400	S. FUNERAL PIRECT	LONES KUL	ADDREAS
	<u> </u>		(Licensed Embalmer's	Statement on Reverse Side)	Tho

Reid West . #5- 11/30/49

RECEIVED	1470/49
District Health	Officer No. 5.
District File Numbe	
Data Filed	

RECEIVED DEC 12 1949 District Health Office No. 6, District File Number 1244-1348. Date Filed ___

STATEMENT BY LICENSED EMBALMER

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.

Licensed Embalmer No ...

P. O. Address 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.)

Student Embalmer

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