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	OR FINDINGS OF OPERATION				•	,	20. AUTO
21a. ACCIDENT (Bredly) SUICIDE HOMICIDE	21b. PLACE OF INJURY (a.g. bome, farm, factory, street, office		. (CITY, TOWN, O	R TOWNSHIP	) (00	UNTY)	(ST
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24a. BURIAL. CREMA- 24b./DATTION, REMOVAL (Specify) Burial		F CEMETERY OR Hill Ceme		-	TION (City, town	n, or coun	(13)
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STATEMENT	DV	LICENSEED	ERADAY RAED	
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I hereby certify that the body whose name is recorded on the reverse side of this co	ertificate was embalmed by me, or by
	Student Embalmer No
working under my personal supervision.	-

Licensed Embalmer No. 3477

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.