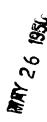
. No. 300	<b>FLED</b> APR	17 1950			ALTH OF MISSO		•	1	1966	`
, 10.48			STANDAR	CERTIF	ICATE OF DE	ATH	State Fi			<i>y</i>
$  N_i  $	BIRTH NO		REG. DIST. NO.	42	PRIMARY REG. DIST.			ır's <u>No</u>		
010	a. COUNTY	TH (CHAN)	7 N		2. USUAL, RESID	SOUA	b. COUNT			before nimion).
_	b. CITY (II enterida en OR TOWN X	PS FAH.		LENGTH OF	C. CITY (If outside on OR TOWN	orporate limite. クノア 4	write RURAS and	URIT	2) 03	20
RECORD	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	If not in hospital or la	autitution, gife street adds		d. STREET ADDRESS	(If rure), e	rive location)	· (¢ :: c :	* :-	<i></i>
,	3. NAME OF DECEASED (Type or Print)	a (Eirot) HOMA	S JE	dale) W/S	DURRI DURRI	15	OF 🚧	fonth) (	Day) (Ye	10
PERMANENT	5, SEX () (6.	COLOR OR RACE	7. MARRIED, NEVER WIDOWED, DIVOR	MARRIED, CED (Specify)	A. DATE OF BIRTH	-1866	9. AGE (In years last participate)	of there 1 YE Months   Da		и няз. Min.
ERM	10a. USUAL OCCUPATION done during most of world	ng life, even if retired)	10b. KIND OF BUSI	NESS OR IN- DUSTRY	H BIRTHPLACE (State	or foretra fo	ustry) Mo	O 12	CITIZENOF	WHAT
∢	13a, FATHER'S NAME	BURR	136. МОТН	ER'S MAIDEN	NAME WW	14_ NAM	FNDH	OR WILES	18171	<u></u> ک
MAKE	15. WAS DECEASED EVE	R IN U.S. ARMED I	FORCES? 16. SOCIA	L SECURITY NO.	17. INFORMANT	'S SIGNA	TURE OR NAM	IE one	MODRE	:55 -0
INK—)	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	MEDICAL C	ENTIFICATION	him	rela	_ عو	ONSET AND DE	WEEN EATH
CK	*This does not mean	ANTECEDENT CA		• 41			_			
BLAC	the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	Morbid conditions rise to the above co the underlying cau				7.7 1.4	. •			•
DING	case, injury, or complica- tion which caused death.	Chaditions contrib	DUE TO FICANT CONDITIONS outing to the death but no se or condition causing of	nt.	Seriele	h			331	$\overline{\lambda}$
UNFADING	19a. DATE OF OPERA- TION		DINGS OF OPERATION					2	YES N	, B
USING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY home, farm, factory, street,	(e.g., in or about office bidg., etc.)	Zic. (CITY, TOWN, OF	R TOWNSHIP	) (COU	NTY)	(STATE)	) 
su—	21d. TIME (Month) OF INJURY	(Day) (Year) (		OCCURRED NOT WHILE AT WORK	21f. HOW DID INJUR					·
PLAINLY —	22. I hereby certify that I attended the deceased from $4-1-$ , 19 50, to $4-5-$ , 19 50, that I last saw the deceased alive on $4-5-$ , 19 50, and that death occurred at $5:30$ Rm., from the causes and on the date stated above.									
	23s. SIGNATURE	bender	Leur 1	egree or title)		ARAG		""	23c. DATE SIG	50
WRITE	AUSTILLE MI	1 24b. DATE	950 CLA1	PKS DAL	Y OR CREMATORY	CLATOCA	TION (City, town RKSDALE	<del></del>	1510	ate)
•	DATE REC'D BY LOCAL REG	REGISTRAR'S S	6. Jenki	28 2 20	TILCHERAL DIRE	UNERI	SLITON !	- ///	7-45V/	<u>#</u>
		•==	(Licensec	i Embalmer's S	tatement on Reverse S	ide)		/	/ /X	70



MESSIA NIM

CTAT	EMENT	RY	LICENSED	EMRAT	MED

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.

Student Embalmer

Licensed Embalmer No

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.