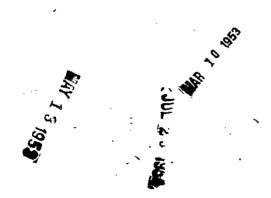
S. No. 300	FILED AUG	1 5 1950	THE DIVISION STANDAR		ALTH OF M		State	File No	23393
)	BIRTH NO		REG. DIST. NO.	137	PRIMARY REG.		5504 coil	sirar's No	40
47	a. COUNTY	E)1 R	4		2. USUAL, i a. STATE	MU	(Where decoased li b. COU	JNTY /	itution: residence before
) , / -	b. CITY (If outside corr OR TOWN	porate limite, write i		LENGTH OF AY (in this place)	c. CITY (II o OR TOWN	utside corporate lis	mite, write BURAL a:	RR	H 2
RECORD	d. FULL NAME OF (III HOSPITAL OR INSTITUTION	not in hospital or	institution, give street add	ress or location)	d. STREET ADDRESS	(H ru	ral, give location)	- 	0420
	3. NAME OF DECEASED	a. (First)	FLO.	iddle)	c. (Las	ii)	4. DATE OF DEATH	(Month)	(Day) (Year)
NEN	5. SEX 6. C	OLOR OR RACE	7. MARRIED, NEVER WIDOWED, DIVOR		8. DATE OF BI	1.1913	9. AGE (In year last birthday)		I YEAR OF UNDER 14 HRS. Days Hours Min.
PERMANENT	10a. USUAL OCCUPATION	(Give kind of work	10b. KIND OF BUS		11. BIRTHPLAN	E (State or foreig	n country)	//	12. CITIZEN OF WHAT COUNTRY?
A P	13a. FATHER'S NAME	LAY	13ь. мотн	ER'S MAIDEN	NAME A/A A1	$\frac{1500}{14.1}$	TAME OF HUSBAN	D OR WIFE	Encies
IAKE	15. WAS DECEASED EVER	IN U.S. ARMED		NO.	17. IMFORM	IANT'S SIG	NATURE OR N	IAME	ADDRESS
INK—-M	18. CAUSE OF DEATH	I DISEASE OR C			ERTIFICATI	ION HEM	DRRHA	y U GE	INTERVAL BETWEEN ONSET AND DEATH
E EACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discusse, injury, or complications, if any, giving DUE TO (b) DUE TO (c)								
NDIN	tion which caused death.		FICANT CONDITIONS buting to the death but no use or condition causing of	ol ieath.	•				331X
UNFADING	9a: DATE OF OPERATION TION							20. AUTOPSY?	
USING	21a. ACCIDENT (I SUICIDE HOMICIDE	Specify)	21b. PLACE OF INJURY bome, farm, factory, street		21c. (CITY, TO	WN, OR TOWNS	нгр) (СС	OUNTY)	(STATE)
so =	21d. TIME (Month) OFINJURY	(Day) (Year)		OCCURRED NOT WHILE	21f. HOW DID	INJURY OCCUR	17		. , ,
PLAINLY	22. I hereby certify th	at I attended	 			o	, 19, t		saw the deceased
7. 1	23. SIGNATURE	13.1		egree or title)	23b. ADDRESS	intin	m)	23c. DATE SIGNED
WRITE	24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town or county) (State)								
-	DATE REC'D BY LOCAL REG. 2 - S.O.	REGISTBAR'S	SIGNATURE	Jair	25. FUNERAL	DIRECTOR'S	SIGNATURE	10 A	ORESS Planton
	1 30		(Licensed	Embalmer's S	atement on Rev	eráe Side)			Tho

RECEIVED DISTRICT HEALTH OFFICE No. 3 District File Number Date Filed



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
***************************************	Student Embalmer No
P	/

working under my personal supervision.

pu-11510111

.

· Consolur

P. O. Address Conton

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.