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22. I hereby certify that I attended the deceased from Packs, 1917, to July 28, 195°, that I last saw the deceased alive on July 28, 190°, and that death occurred 150° m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. DATE REC'D BY LOCAL REGISTRAR'S BIGNATURE 25 AS. FUNERAL DIRECTOR'S SIGNATURE	OF	(Day) (Tear) (Hour)	WHILEAT NOT WHILE	21f. HOW DID INJURY	OCCUR?	
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DATE RECT BY LOCAL CREGISTRAR'S BIGNATURE BODDE'S PUNERAL DIRECTOR'S SIGNATURE BODDE'S CHAPTER BODDE'S	TRON, REMOVAL (Second y)		24c. NAME OF CEMETER	Y OR CREMATORY		
May 7, 1950 M. G. Camfull 1) W. T. Hermeger State M. A. Statement on Reverse Side)		// / / / / / / / / / / / / / / / / / /	ghe ///RS	FUNERAL DIREC		ADDRESS
(Licensed Embaimed's Statement on Reverse Side)	aug. 7. 19.	50/KG,C	amflel(10)K	Val. F.M	enney	with the
	1	7	(Licensed Embalmel's	talement on Reverse Sid	e) .	* 1

RECEIVED 8/14/50 DISTRICT HEALTH OFFICE No. 3 District File Number Date Filed_____ 8/14/

I he	reby certify	y that the bod	ly whose	name is re	ecorded on the	reverse side of this	certificate w	ras embalmed i	by me, or i	y
				·			Student	Embalmer So.		•
				.•	•	•	•			

Licensed Embalmer No. 32

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.