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I. PLACE OF DEA	7	REG. DIST	I. NO	) <i>a</i> -		RESIDEN			rar's No.	
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b, CITY (II outcide cor OR	purate limite, write R	URAL and give	c. Li	ENGTH OF	c. CITY (If a	outside corpora	te limiją, wri	to RURAL an	J Eive town	nahip)
TOWN	ral H		ile J	toh	TOWN	Rural	- /H	Wa LV	ates	. "Ja
d. FULL NAME OF (	If not in hospital or in	utitution, give :	street address	or location)	d. STREET		li rural, give	location)	,	
HOSPITAL OR INSTITUTION					ADDRESS	· •4 3	**.		D-4	<b>4</b>
3. NAME OF	a. (First)		b. (Midd	le)	c. (Las	St)		Bt of	PAT	ton.
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5, SEX . 6, 1	COLOR OR RACE	7. MARRIED WIDOWED	D, NEVER M D, DIVORCE	IARRIED, ED (Śpecily)	8. DATE OF B	IRTH	9.	AGE (In year last birthday)	Months	
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IOa. USUAL OCCUPATIO		106; KIND (		SS OR IN-	11. BIRTHPLA	CE (State or f	orelga count	ry) ,		12. CIT
nternatol			<u>.                                    </u>	DUSTRY	Down			•		U.S
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		130				'				E
	Aulta	1	<u> Kinin</u>				Sara			
5. WAS DECEASED EVE Yes, no, or unknown)   (If	R IN U.S. ARMED F yes, give war or dates o	of service)		SECURITY NO.	17. INFORM	MANT'S	SIGNATU	RE OR NA	ÀME.	1
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District Health	<del>-</del>
District File Number	
Pate Filed	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate was embalmed by me, or by
	, Student Embaimer No

working under my personal supervision.

Student Embalmer

Licensed Embalmer No....

P. O. Address\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND RITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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