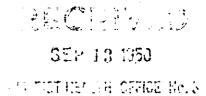
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Comparison Com) K	d. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) ADDRESS					
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Comparison Com	E.	3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Months)) (Day) (Year)				
S. SEX S. COLOR OR RACE MARRIED REVER MARRIED, S. DATE OF BIRTH S. AGE (to years) Words 1 Table Days Gents 1 table Days More 1 table Days Day		(Type or Print) CHRISTIAN CRITES DEATH 9	- 9- 1950				
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		D. P. BEG. TOW. D. Bucklett 1/1	ADDRESS				
(Connect Embalmer's Statement on Remark Side)							
(Extended Communication of Newtone Only)		(Licensed Embalmer's Statement on Reversé Side)					



The Ro.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	ed on the reverse side o	of this certificate was embalmed by me, o	or by
		Student Embalmer No	
worlding under my personal supervision	* . 5		

working under my personal supervision.

Signed J. G. G. Land

Student Embalmer

Licensed Embalmer No. 40/0

P. O. Address Ltsville Up.

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.