LEVACE OF DEATH  a. COUNTY  A. CO		:	THE DIVISION OF HE			30184
E. PLACE OF DEATH  a. COUNTY  D. CITY of emakeds congruence liberal market bush and the BORBAL and give accordance of the Country  D. CITY of emakeds congruence liberal market bush and the BORBAL and give accordance of the Country  TOWN  OF PULL MAME OF (If no tal is broughtal or Inchesitation, give storest addressed location)  H. C. CITY (Freenands congruence liberal and give township)  OF PULL MAME OF (If no tal is broughtal or Inchesitation, give storest addressed location)  H. C. CITY (Freenands congruence liberal and give township)  OF PULL MAME OF (If no tal is broughtal or Inchesitation of the Country)  INCHES J. C. CITESTY  D. C. CITY (Freenands congruence liberal and give township)  OF PULL MAME OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is broughtal or Inchesitation of the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no tal is the Country)  D. MATTE OF (If no ta	FILED SE	IP 19 1950	STANDARD CERTIF	ICATE OF DE	ATH Sta	te File No
D. CITY (II contacte compressed builded, workers BUBLAL and gives township)  D. CITY (II contacted compressed builded, workers BUBLAL and gives township)  D. CITY (II contacted compressed builded, workers BUBLAL and gives township)  D. CITY (II contacted compressed builded, workers)  D. CITY (II contacted compressed builded, workers)  D. CITY (III contacted c	SIRTH NO		REG. DIST. NO. 137	PRIMARY REC. DIST	30 23 Reg	istrar's No. 11
D. CITY (II embeds corporate lizable, write 180 Bal a and give township)  STAY is the sharp of the source of the state of the state of the sharp of the source of the sharp of the source of the sharp o		ATH,		u — — —	DENCE (When decimal	Need. If institution: residence
ORN (I) TOWN  (A. FULL RAME OF (If too its boogical or institution, give stress editore located)  (B. STREET  (B. TERRIT (I) ON  (C. COLOR OR RACE  1. MARRIED, ENERG MARRIED,  (D. LISHAL OCCUPATION, (I) Western of the color books to books during much what gills, even the what gills, even to date of even books during much what gills, even of date of everlee)  (B. CALUSE OF DEATH  A. LISHAL OCCUPATION, (I) Western of the color books during much what gills, even the what gills, even to date of everlee)  (B. FATHER'S HAME  (B. CALUSE OF DEATH  A. REPARCE  (B. WAS DECEASED EVER IN U. S. ABMED PORCES)  (B. WAS DECEASED EVER IN U. S. ABMED FORCES)  (B. WAS DECEASED EVER IN	a. COUNTY	HENR	1/	a. STATE	SOURI LO	SUNTY HEARY
TOWN    FULL NAME OF CIT and is boughted or backbach, city extremt additional boughted and productions. City extremt additional city and productions. City extremt additional and productions. City extremt addition.	b. CITY (If outside	corporate limits, setta ROE	AL and give c. LENSTH OF	c. CITY (Femile)	orpomie dimits, write BURAL	and give towards)
HOSHTALOR  1. NAME OF DECEASED  (Prova Print)  3. NAME OF  DECEASED  (Prova Print)  3. SEX  O 6. COLOR OR RACE  1. WINDOWED, DIVORCED (Beyeldy)  1. BURLALOCCUPATION (Cite kind of each winds)  1. BURLALOCCUPATION (	TOWN /	NTON	GYA.	TOWN	INTON_	
3. NAME OF DECRASED DECRASED OF Print) DECRASED OF Print) DECRASED OF SCOLOR OR RACE OF Print) DECRASED OF SCOLOR OR RACE OF Print) DECRASED OF SCOLOR OR RACE OF SCOLOR OR RACE OF SCOLOR OF RA	HOSPITAL OR	(If not in bospital or last)	tution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	aptap St
S. SEX O S. COLOR RACE 7. MARRIED NEVER MARRIED. B. DATE OF BIRGHT 9. DEATH S. D. SET WIDOWED DIVORCED (Spedity)  JACK LIN SAME 1. D. S. DATE OF BIRGHT 9. DEATH 1. D. S. DATE OF BIRGHT 9. D. S. DATE OF COUNTRY 1. D. S. DATE OF DEATH 1. D. S. DATE 1. D. DATE 1.	3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE	
DAL USUAL OCCUPATION (Give kind of work)  MREFE S  MAS DECEASED EVER N U. S. Appetid PORCEST  (Give kind of work)  MREFE S  MAS DECEASED EVER N U. S. Appetid PORCEST  (Give kind of work)  MREFE S  MREDICAL CERTIFICATION  MRED		Thom	15 //	Herles	DEATH 1	Cot. 12 1
D. USUAL OCCUPATION (Greekend of cons)  JO. KIND OF BUSINESS OR INDUSTRY  JOSEPH C.	5. SEX	S. COLOR OR RACE	MARRIED, NEVER MARRIED,	8. DATE OF BIRTH		
12. COLURATION (Give kind of root)  13. NOTHER'S MANE  13. MOTHER'S MAIDEN  13. MOTHER'S MAIDEN  13. MOTHER'S MAIDEN  14. NAME OF HUSBAND OR WIFE  15. WAS DECEASED EVER IN U. S. ADMED FORCES?  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME  18. CAUSE OF DEATH  18. ACCIDENT  18. MATCH CHARLES OR CONDITION  18. ACCIDENT  18. ACCID	20/2	White		MAR. 23		
TARMER PETRES  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE  15 OWNS DECEASED EVER IN U. S. APMED FORCEST 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME  ADDR  10. CAUSE OF DEATH Inter only one susus per packed of driving or the decease of driving, such short follows, and the or the control of the disease or conditions, if any, pissing DUE TO (b)  16. MOTHER SIGNIFICANT CONDITIONS  17. INFORMANT'S SIGNATURE OR NAME  ANTECEDENT CAUSES  ANTECEDENT CAUSES  18. ACCIDENT  19. MAJOR FINDINGS OF FOREATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF FOREATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF FOREATION  19. MA		ION (Give kind of work 1	Ob. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (8ta	to or foreign country)	12. CITIZEN OF
13b, MOTHER'S MAIDEN NAME	To DMP	- A) -/ /	PARM -	5/1/2	45 Micon	_   / / / /
WAS DECEASED EVER IN U.S. ABMED FORCES?  WAS DECEASED EVER IN U.S. ABMED FORCES?  WE may be reminious and the control of the c	3a. FATHER'S NAM		13b. MOTHER'S MAIDEN	NAME		
WAS DECEASED EVER IN U.S. ABMED FORCES?  WAS DECEASED EVER IN U.S. ABMED FORCES?  WE may be reminious and the control of the c	Thomas	Heelow	MADRARET	Conses	Harriet.	S. Healer
ACAUSE OF DEATH Inter only one cause per the for (a), (b), and (c)  *This does not meen the mode of dying, such the mode of dying, such the theat failure, activation, it. It means the dis- ties in the above cause (a) stating the underlying cause least.  *DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS The interior of constitutions of the delate of the disease or condition couring death.  To AUTOPS  The MAJOR FINDINGS OF OPERATION  IS. MAJOR FINDINGS OF OPERATION  INTERVAL BELLOCATION (City, town, or county)  IS. MAJOR FINDINGS OF OPERATION  INTERVAL BELLOCATION (City, town, or county)  IS. MAJOR FINDINGS OF OPERATION  INTERVAL BELLOCATION (City, town, or county)  IS. MAJOR FINDINGS OF OPERATION  INTERVAL BELLOCATION (City, town, or county)  IS. MAJOR FINDINGS OF OPERATION  INTERVAL BELLOCATION (City, town, or county)  IS. MAJOR FINDINGS OF OPERATION  INTERVAL BELLOCATION (City, town, or county)  IS. MAJOR FINDINGS OF OPERATION  INTERVAL BELLOCATION (City, town, or county)  IS. MAJOR FINDINGS OF OPERATION  INTER				·   — — — — — — — — — — — — — — — — — —		NAME ADDRE
Inter only one cause per ne for (a), (b), and (c)  This does not mean Morbid conditions, if only, cleing DUE TO (b)  The made of dying, such in the distance course (a) stating  The interial filter, eithering, it to the clove cause (a) stating  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Treated to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Treated to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Treated to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Treated to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Treated to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Treated to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Treated to the disease or condition causing death.  To MAJOR FINDINGS OF OPERATION  TO MAJOR FINDINGS OF OPERATION  III. ACCIDENT  SUCCIDENT  HOMORICIDE  H	(1 es, ho, or unknown)	II yes, give war or dates of a	NO.	Varu	A J. Heal	us clinton
Inter any one cause per per (a), (b), and (c)  "This does not meen to make the distance of syring, such the antiquire, asthenia, the antiquire, asthenia, the underlying cause less."  It means the distance of syring, such the account of the account of the control of the control of the short cause (a) stating the underlying countributing to the death but not related to the disease or condition counting death.  Due to (c)  Conditions contributing to the death but not related to the disease or condition counting death.  Due to (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  Due to (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  Due to (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  Due to (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  Conditions contributing to the death but not related to the disease or condition counting death.  Conditions contributing to the death but not related to the disease or condition counting death.  Conditions contributing to the death but not related to the disease or conditions counting death.  Conditions contributing to the death but not related to the disease or conditions counting death.  Conditions contributing to the death but not related to the disease or conditions counting death.  Conditions contributing to the death but not related to the disease or conditions counting death.  Conditions contributing to the death but not related to the disease or conditions counting death.  Conditions contributing to the death but not related to the disease or conditions.  Conditions contributing to the death but not related to the disease or conditions.  Conditions contributing to the death but not related to the disease or conditions.  Condi	18, CAUSE OF DEATH			ERTIFICATION	•	INTERVAL BET
This does not meen to whole the mode of dying, such the heart fallure, asthenia, c. It means the distinct of the above cause (a) stating the underlying cause last.  DUE TO (b)  II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Talated to the disease or condition causing death.  DAIL OF OPERATION  III. OTHER SIGNIFICANT CONDITIONS  TO AUTOPS  TRACTIDENT  TON  III. OTHER SIGNIFICANT CONDITIONS  TO AUTOPS  TO AUTOPS  TO AUTOPS  TO AUTOPS  THE SIGNIFICANT CONDITIONS  TO AUTOPS  TO AUTOPS  THE SIGNIFICANT CONDITIONS  TO AUTOPS  TO AUTOPS  THE SIGNIFICANT CONDITIONS  TO AUTOPS  THE SIGNIFICANT CONDITIONS  TO AUTOPS  THE SIGNIFICANT CONDITIONS  TO AUTOPS  TO AUTOPS  THE SIGNIFICANT CONDITIONS  TO AUTOPS  TO A	Enter only one cause per	`	DITION COTE	iosalosos	er, aenera	I Syear
Morbid conditions, if any, gieting DUE TO (b)  the mode of dying, such the artifallure, asthenia, the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  TION  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  TO PERA  TION  DIE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  TO PERA  TION  DIE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  TO PERA  TION  DIE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  TO PERA  T	une for (a), (b), and (c				1 8	0
DUE TO (c)  DUE TO (c)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS	- · · · · · · · · · · · · · · · · · · ·	1 1				
DUE TO (c)  DUE TO (c)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS		Morbid conditions, i	if any, giving DOE 10 (8) re (a) stating			
II. OTHER SIGNIFICANT CONDITIONS On which caused death.  Da. DATE OF OPERATION  Da. DATE OF OPERATION  Da. ACCIDENT SUICIDE HOMICIDE  Date of Operation  Date of Oper	etc. It means the dis	. In anneriging cause	1031.	mamilian territoria	William Committee of	* = \$ · · ·   · · · · · · · · · · · · · · ·
Conditions contributing to the death but not related to the disease or condition causing death.  Da. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION  TION  12b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE  12c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE SUICIDE HOMICIDE  12d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will AT WORK 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will AT WORK 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will AT WORK 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will 21f. HOW DID INJURY OCCUR?  12l. Inereby certify that I attended the deceased from Will 21f. HOW DID INJURY OCCUR?  12l. H				75 T 2 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3	<del></del>	
DATE OF OPERATION  120. AUTOPS  121. ACCIDENT SUICIDE HOMICIDE HOMICIDE  121. PLACE OF INJURY (a.g., to or about bome, farm, factory, etreet, office bidg., etc.) 121. HOW DID INJURY OCCUR?  211. HOW DID INJURY OCCUR?  211. HOW DID INJURY OCCUR?  211. HOW DID INJURY OCCUR?  212. I hereby certify that I attended the deceased from the late stated above.  22. I hereby certify that I attended the deceased from the late stated above.  23. SIGNATURE  24. NAME OF CEMETERY OR CREMATORY  24. LOCATION (City, town, or county)  25. FUNERAL DIRECTER'S SIGNATURE  26. FUNERAL DIRECTER'S SIGNATURE  25. FUNERAL DIRECTER'S SIGNATURE  26. AUTOPS  YES  210. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE  (COUNTY)  (COUNTY)  (STATE  (COUNTY)  (COUNTY)  (COUNTY)  (STATE  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (COUNTY)  (STATE  (COUNTY)  (COUNTY)		Conditions contributi	ing to the death but not	•		4500
Id. ACCIDENT SUICIDE HOMICIDE  Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?  INJURY MILE AT NOT WHILE MORK 21f. At work 21f. HOW DID INJURY OCCUR?  INJURY 1950, to deft 2 , 1950, that I last saw the de alive on Alexa 1 , 1950, and that death occurred at m., from the causes and on the date stated above.  3a. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24G. LOCATION (Oity, town, or county) (SIATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Apoless  25. FUNERAL DIRECTOR'S SIGNATURE Apoless  26. FUNERAL DIRECTOR'S SIGNATURE Apoless  27. FUNERAL DIRECTOR'S SIGNATURE Apoless  28. FUNERAL DIRECTOR'S SIGNATURE Apoless  28. FUNERAL DIRECTOR'S SIGNATURE Apoless  28. FUNERAL DIRECTOR'S SIGNATURE Apoless  29. FUNERAL DIRECTOR'S SIGNATURE Apoless	SO DATE OF OPERA				*1	/ 1 W
21b. PLACEOF INJURY (e.g., in or about SUICIDE HOMICIDE  Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY (c.g., in or about bome, farm, factory, etreet, office bldg., etc.)  21f. How DID INJURY OCCUR?  22f.	TION	I ISO. MAJOR PRIVIT	tog or oreinmon , , , , ,		•	, ,
Id. TIME (Month) (Day) (Year) (Hoar) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  INJURY Work AT WORK 21f. HOW DID INJURY OCCUR?  2. I hereby/certify that I attended the deceased from time 12 , 1950, to heat 12 , 1950, that I last saw the de alive on left 12 , 1950, and the death occurred at m., from the causes and on the date stated above.  3a. SIGNATURE 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or county) (SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) (SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADORESS SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADORESS	. ACCIDENT	<u>                                     </u>	DE ACCOCINITION (	1 210 /CITY TOWN O	D TOWNSHIPS (	<del></del>
Id. TIME (Month) (Day) (Year) (Hoar) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  INJURY Work AT WORK 21f. HOW DID INJURY OCCUR?  2. I hereby/certify that I attended the deceased from time 12 , 1950, to heat 12 , 1950, that I last saw the de alive on left 12 , 1950, and the death occurred at m., from the causes and on the date stated above.  3a. SIGNATURE 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or county) (SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) (SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADORESS SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADORESS	SUICIDE HOMICIDE			Zic. (Citt. IONN, O		
WHILE AT WORK AT WORK  2. I hereby certify that I attended the deceased from time 12, 1950, to heat 12, 1950, that I last saw the de alive on heat 12, 1950, and the death occurred at m., from the causes and on the date stated above.  3a. SIGNATURE  23b. ADDRESS  23c. DATE S  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  24d. LOCATION (City, town, or county)  25. FUNERAL DIRECTOR'S BIGNATURE  25. FUNERAL DIRECTOR'S BIGNATURE  25. FUNERAL DIRECTOR'S BIGNATURE  26. ADDRESS  27c. DATE S  27c. DAT		h) (Day) (Yess) (Pe	ne)   21e INJURY OCCURRED	21f. HOW DID IN ILIE	RY OCCUR?	· ·
Le Hereby certify that I attended the deceased from ture 12, 1950, to her 12, 1950, that I last saw the de alive on her 1/2, 1950, and the death occurred at	OF	. (Del) (1992) (D0	WHILEAT NOT WHILE			
alive on Act 14, 195 and the death occurred at	<del>-/</del>		12	0 1	+12 6	
Ba. SIGNATURE  23b. ADDRESS  23c. DATES  Control Missouri Rept. / 3.  13c. ADDRESS  23c. DATES  Control Missouri Rept. / 3.  13c. ADDRESS  23c. DATES  Control Missouri Rept. / 3.  24c. DATES  Control M	22. If hereby/certify	that I attended the			7	
Surial CREMA-  La SURIAL COLOR  LA SURIAL CREMA-  LA SURIAL COLOR  LA SURIAL CREMA-	<del>-   -   -  </del>	1 190			the causes and on the	
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 452 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (DELT-15-80) TOURCE address (Suffer Suffer	23a. SIGNATURE	111	of title)	Z3b. ADDRESS	- 54.	23c. DATE SI
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 452 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (DELT-15-80) TOURCE address (Suffer Suffer	Ham	with	ult OIK	Clinto	n, mesou	w Sept. 13.
ATE REC'D BY LOCAL REGISTRAT'S SIGNATURE 452 25. FUNERAL DIRECTER'S BIGNATURE ADDRESS	AL OUT AL. CREM	A- 24b, DATE	24c. NAME OF CEMETER	RY OR CREMATORY	24d. LOCATION (City,	own, or county) (St
rest-15-30 Horence adairs Entre (tuin) - Chuty)	Qurial	14x 15	450 Calhoun	emeler	1. Calkour	1 mo-
	DATE REC'D BY LOC	AL REGISTRAR'S SIG	NATURE 422	25. FUNERAL DIA	CTER'S SIGNATURE	ADDRESS
(Licensed Embalmer's Spatement on Reverse Side)	Sept-15-	30 Those	nce Udairo	In Bull	Musias	- Chuter VI
	<u> </u>		(Licensed Embalmer's	Spatement on Reverse S	iide) //	

RECEIVED 9-1850 DISTRICT HEALTH OFFICE No. 3 District File Number Date Filed \_\_\_\_ 9-18-50

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ed on the reverse side of this ce	rtificate w	as embalmed b	y me, or by	
Corking under my personal supervision	,	Student	Embalmer No.		

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.