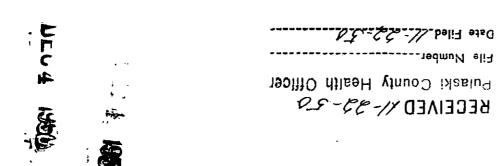
No. 300	" G:TD DEG	38042						
10.48	ALED DEC	2						
- 1	BIRTH NO.		REG. DIST. NO. 290		4422 Registrar's N	0.131		
500	a. COUNTY	VIASK	<b>"</b>	2. USUAL, RESIDENC a. STATE	Ingitution: residence before			
A A	b. CITY (If operide of TOWN	14 NESU	1/e 1/10 5TAY (In this place)	OR /	e limits, write RURAL and give to	· 0 630		
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION	De Wi	rinstitution, give speet address or location)	d. STREET (II : ADDRESS	rural, give location)			
li li	3. NAME OF DECEASED (Type or Print)	NARRE	er Daviel	Burd	4. DATE (Month) OF DEATH	(Day) (Year)		
ANEN	MALEU	White	WIDOWED DIVORCED (8) AND	S. DATE OF BIRTH	9. AGE (In years If then last yetholsy) Mostly	DATE I YEAR OF DROCK M MES. Hours Min.		
PERMANENT	10a. USUAL OCCUPATIO	ION (Give kind of work king life span if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY		eign oorustry)	2. CITIZEN OF WHAT		
<b>▼</b>	13a. FATHED'S MAME	uRd	136. MOTHER'S MAIDEN		HAME OF HUSBAND OR HI	BURG		
MAKE	15. WAS DECEASED EVE (Yee, no, or unknown)			TO INFORMANT'S SI	IGNATURE OR NAME	ADDRESS D Ma		
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH					
CK I	*This does not mean	2 16						
BLAC	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid condition rize to the above of the underlying ca		- sy carrie		. S		
NG	ease, injury, or complica- tion which caused death.	II. OTHER SIGNI	DUE TO (c) Que	exted Course	eted Covenine Stamach.			
· ADIN	TO- DATE OF OPERA	related to the disec	ibuting to the death but not ease or condition causing death.			1/5/1%		
UNF	19a. DATE OF OPERA- TION	19b. MAJUK FIR	NDINGS OF OPERATION		1	20. AUTOPSY7		
\$1°	21a. ACCIDENT SUICIDE HOMICIDE	(Bpecify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWN	NSHIP) (COUNTY)	(STATE)		
	21d. TIME (Momth) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCU	JR7	,		
PLAINLY	1		the deceased from 10 · 8	, 1950, 10 11. 12		ast saw the deceased		
[V]	23a. SIGNATURE	12. 18.	and that death occurred at (Degree or title)	236. ADDRESS	uses and on the date stat	ted above.  23c. DATE SIGNED		
	Engine	JX. X	reichen DO H	Wenserlle	Suo.	ZSC. DATE SIGNED		
WRITE	24a. BURIAL CREMA- TION-REMOVAL (Barella)	Nov. 14	24c. NAME OF CEMETER		LOCATION (City, town, or cou	unty) (State)		
· ·	DATE REC'D BY LOCAL REG.	L REGISTRAR'S		25 FUNERAL DIRECTOR	SSIGNATURE A	DORESS MA		
Æ	1-22-30	Musmi	(Licensed Embalmer's)	Statement on Reverse Side)	May			



STATEMENT	RY	LICENSED	<b>EMBALMER</b>

I hereby certify that the body whose name is recorded on the reverse side of	this c	ertificate	was embaln	ed by a	ne, or	bу	
	,	Student	Embalmer	No		***	
working under my personal supervision.							

Licensed Embalmer No.

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

Student Embalmer