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Jan. 13-32 Jevence vaair / 10, Vansont Colinon,	Enter only one cause per ine for (a), (b), and (c) "This does not mean he mode of dying, such is heart failure, asthenia, it: It means the discase, injury, or complication which caused death. "Ba. DATE OF OPERATION "In. ACCIDENT SUICIDE HOMICIDE "INJURY "In. HOMICIDE (Month OF INJURY) "In. SIGNATURE "A. BURIAL CREM!" "A. BURIAL CREM!" "A. BURIAL CREM!"	ANTECEDENT Anorbid conditions to the above the underlying of the	ADING TO DEATH CAUSES lons, if any, giving e cause (a) stating cause last. NIFICANT CONDIT tributing to the death sease or condition ca INDINGS OF OPER 21b. PLACE OF IN home, farto, factory (Hour) 21e. 1N WHILE WORK 1 the deceased fi 22, and that deceased fi 24c.	MEDICAL MED	21c. (CITY. TOW 21f. HOW DID (CITY. TOW)	WN, OR TOWN INJURY OCCU O 11-17 from the car	, 195	the date st	20. AU YES (3) last saw the aled above. 23c. Divinity)
(Licensed Embalmer's Statement on Reverse Side)	Enter only one cause per ine for (a), (b), and (c) "This does not mean he mode of dying, such is heart failure, asthenia, it: It means the discase, injury, or complication which caused death. "Ba. DATE OF OPERATION "In. ACCIDENT SUICIDE HOMICIDE "INJURY "In. HOMICIDE (Month OF INJURY) "In. SIGNATURE "A. BURIAL CREM!" "A. BURIAL CREM!" "A. BURIAL CREM!"	ANTECEDENT Anorbid conditions to the above the underlying of the	ADING TO DEATH CAUSES lons, if any, giving e cause (a) stating cause last. NIFICANT CONDIT tributing to the death sease or condition ca INDINGS OF OPER 21b. PLACE OF IN home, farto, factory (Hour) 21e. 1N WHILE WORK 1 the deceased fi 22, and that deceased fi 24c.	MEDICAL MED	21c. (CITY. TOW 21f. HOW DID (CITY. TOW)	WN, OR TOWN INJURY OCCU O 11-17 from the car	, 195	the date st	20. AU YES (3) last saw the aled above. 23c. Divinity)

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3
District File Number 2 1 1952
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse sid	e of this certificate	was embalme	ed by me, o r by .	
				No	
orking under my personal supervision.		7-/ /	~ ∶	_	•

P. O. Address

P. O. Address

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

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

Student Embalmer

the above constitutes grounds for revocation of license.)