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3. NAME OF DECEASED 1. (First) b. (Middle) c. (Last) 1. DATE (Mostb) (Day) (Year) DECEASED 1. (First) b. (Middle) c. (Last) 2. DATE (Day) (Day) (Part) DECEASED 1. (Piper) 1. DECEASED 1.	_OR	te RURAL and give c. LENGTH OF STAY (in this place) UK	s, write RURAL and give town	ohio) 0520
S. SEX S. COLOR OR RACE 7. MARRIED. WIDOWER MARRIED. WIDOWER DIVORCED (Search) S. DATE OF BIRTH S. DATE OF DEFARM S. DATE SIGNED S. DATE	d. FULL NAME OF (11 not in hospital OR INSTITUTION At HOM	or institution, give street address or location)	d. STREET (If rural, ADDRESS	give location)	
S. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DUGNECD (Specially WidoWed) (WidoWed) (Wi		•	- · · ·	OF 5	(Day) (Year)
10e. USUAL OCCUPATION (Circulated event) 10e. WISUAL OCCUPATION (Circulated event) 10e. MISUAL OCCUPATION (Ci	5. SEX 6. COLOR OR RA	CE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) IF UNDER	Days Hours Min.
Alexander M.Binley Alexander M.Binley Is Mad Deceased Ever in U.S. Armed Forcest No.	10a. USUAL OCCUPATION (Give hind of	rork 10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign of	ountry)	12. CITIZEN OF WHAT
15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. NO. OF TWO SECURITY NO. OF TW		13b. MOTHER'S MAIDEN	NAME 14. NA	ME OF HUSBAND OR WIF	
II. DISEASE OR CONDITION III. DISEASE OR CONDITION ANTECEDENT CAUSES Antic of the above cause (a) stating the mode of dying, such as heart failure, asthenia, rise to the above cause (a) stating to the above cause (a) stating to the underlying cause last. III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the dise	15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) (If yes, give war or	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGN.	ATURE OR NAME	
as heart failure, asthemia, tete. It means the discuss cause (a) maxing the underlying cause last. DUE TO (c) Allero S Clerosis e Hypertans (or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discuss or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 10b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME OF INJURY 10c. (COUNTY)	Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such Aforbid condi-	R CONDITION FADING TO DEATH*(a) Coute T CAUSES Itions, if any, giring DUE TO (b) Cor	extification exsaugumatro	is (Infanction)	INTERVAL BETWEEN ONSET AND DEATH
related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10c.	as heart failure, ostheria, etc. It means the disease, injury, or complication which caused death. II. OTHER SI Conditions co	g cause last. DUE TO (c) GNIFICANT CONDITIONS Intributing to the death but not	iosclerosis e Hyp	intension	
21a. ACCIDENT SUICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 21d. Thereby sertify that I attended the deceased from an inverse of the fact of the deceased alive on 3 in the date stated above. 22d. I hereby sertify that I attended the deceased from an inverse of the fact of the date stated above. 23a. SIGNATURE (Degree or Mile) 23b. ADDRESS (DATE SIGNATURE) 23c. DATE SIGNED 22d. SURVEY, CREMA 24b. DATE 12d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 22d. SURVEY, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 24d. SURVEY, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 24d. SURVEY, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 25d. SURVEY, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 25d. SURVEY, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)	19a. DATE OF OPERA- 19b. MAJOR			1201	
WHILE AT WORK NOT WHILE 22. I hereby certify that I attended the deceased from 1952, to 5-1, 1952, that I last saw the decease alive on 3-1, 1952, and that death occurred at 600 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree of Mile) 23b. MORES (Degree of Mile) 23c. DATE SIGNED 23c. DATE SIGNED 23d. BUR INC. CREMA- 24b. DATE 100. SEMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (State) 25c. FUNERAL DIRECTOR'S SIGNATURE ADARGS ADARG	SUICIDE		21c. (CITY, TOWN, OR TOWNSHIP	P) (COUNTY)	
alive on 7 , 1952, and that death occurred at 600 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree of this) 23b. AGRESS 23c. DATE SIGNEES 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADARGS	OF	WHILEAT I NOT WHILE I	21f. HOW DID INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·	
23a. SIGNATURE (Degree of vitte) 23b. ADDRESS 23c. DATE SIGNED				., 195 7that I las	t saw the deceased above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS DIRECTOR'S SIGNATURE ADDRESS				1110 .	23c. DATE SIGNED
	TION REMOVAL (BENLY) Mares	13-52 Bee R	dge to	TION (City, town, or coun	mo,
		S SIGNATURE 15/	ewy	CALSON S	dina No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate	was emba	lmed by me,	or by	···-
working under my personal supervision.		Embalmer	No	••••••	

Signed.....

P. O. Address____ Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

Licensed Embalmer No.....

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

Student Embalmer