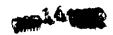
No. 300	n AIFOMAD	HIED MAR 3 1952 STANDARD CERTIFICATE OF DEATH 5594 O								
30.46	אוווו מבנויי	3 1952								
100	BIRTH NO.		_ REG. DIST. NO	<u>l</u>	PRIMARY REG. DIST	. NO. 4	347 Regis	itrar's No	3	****
1	1. PLACE OF DE.	ATH Joney			a. STATE	DENCE (W		ved. If insti	-3'	idence before admission).
X/1/22 D	b. CITY (If outside of OR TOWN ) Made	detom	township) STAY (in this	place)	c. CITY (If outside o	corporate limite.	wilte RURAL at	Me towns	bipy 57	00
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address of ocation) HOSPITAL OR INSTITUTION				d. STREET ADDRESS	(If reral, g	ive location)		4	0
	3. NAME OF DECEASED (Type or Print)	8. (First)	b. (Middle)		Berry		OF	(Month)	(Day)	(Year) 1953
ANE	# Female	COLOR OR RACE	WIDOWED, DIVORCED (Spe	D.	8. DATE OF BIRTH	1903	9. AGE (In year last birthday)	IN IF UNDER I		UNDER M HRS.
PERMANENT	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
MAKE A 1	Not / now	1	13b. MOTHER'S MA	IDEN	hame ut)cr		of Husband	OR WIFE		<u> </u>
	15. WAS DECEASED EVE (Yee, no, or unknown) (II	R IN U.S. ARMED		NO.	17. INFORMANT	'S SIGNAT	TURE OR N	Midel)		DRESS 4 MV
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  Interval between the form on the control of the contro								L BETWEEN	
ACK	*This does not mean the mode of dying, such Morbid conditions, if any, giving DUE TO (b) Chronic gall bladle							Condi	i. Gon	
BLA	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	the underlying cause last.  DUE TO (c)  DUE TO (c)								
UNFADING	tion which caused death.		FICANT CONDITIONS buting to the death but not use or condition causing death.	un	ntilical of	hern	in of	long	du	ration
UNEA	19a. DATE OF OPERATION TION 19b. MAJOR FINDINGS OF OPERATION								20. AUTO	PSY?
DSING	SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or a home, farm, factory, street, office bldg.,	bout etc.)	21c. (CITY, TOWN, OR Middle H	own	(CO 12ps	UNTY)		ATE)
1 1	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	: — J	21f. HÓW DID INJURY	Y OCCUR?	• ,	()	. =	
PLAINLY	22. I hereby certify that I attended the deceased from Alex. 21, 1952, to Alex. 25, 1952, that I last saw the deceased alive on Feet. 25, 1952, and that death occurred at B. Am., from the causes and on the date stated above.									
	23a. SIGNATURE	itus	(Degree or tit	le)	236. ADDRESS Middle	letour	, m	0:	Feb.	E SIGNED
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Spealty)	KG 21 1	952 240, NAME OF CEME	11		Mida		n, or county :		(State)
	Tet. 26-5	REGISTRAR'S S	or Channe	m	25. FUNERAL OF THE C	lett	MATURE MACA	deto	RESS com	Mo
		u	(Licensed Embelme	r a So	tement on Reverse Sir	de)				



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No
working under my personal supervision.	Signed John Tr. Lucler
Student	

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

the above constitutes grounds for revocation of license.)

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