BIRTH MO. I. PLACE OF DEATH a. COUNTY D. CITY (II outside corporate limits, write RU OR TOWN FFD # 1- d. FULL NAME OF (II not in hospital or in HOSPITAL OR/N LANE NINSTITUTION PODITION 2 3. NAME OF a. (First) DECEASED (Type or Print) CARL 5. SEX () 6. COLOR OR RACE WHITE 10a. USUAL OCCUPATION (Clive kind of work done during most of working life, even if retired) STUDEN 13a. FATHER'S NAME UBLIER PLB ICH 15. WAS DECEASED EVER IN U. S. ARMED F. (Yee, no., or unknown) 18. CAUSE OF DEATH	C. LENGTH OF STAY (in this place) SALE RIVER stitution, give street address or location) DE US, 54 b. (Middle) 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8pecify) 10b. KIND OF BUSINESS OR INDUSTRY 13b. MOTHER'S MAIDEN A T	2. USUAL RESIDEN a. STATE // S. S. C. CITY (II outside corpor OR TOWN) d. STREET ADDRESS // IVE / c. (Last) BRIGHT 18. DATE OF BIRTH 11. BIRTHPLACE (State or III)	NCE (Where deceased lived. If it b. COUNTY) Tate limits, write RURAL and give to the limits, write RU	o
BIRTH NO. 1. PLACE OF DEATH a. COUNTY D. CITY (II outside corporate limits, write RU OR TOWN FILL NAME OF (II not in hospital or in HOSPITAL OR!N LONE NINSTITUTION DOLT DN 2 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WHITE 10a. USUAL OCCUPATION (Clive kind of work done during most of working life, even if retired) 13a. FATHER'S NAME UBLIEF 15. WAS DECEASED EVER IN U. S. ARMED FIT (Yee, no, or unknown) (If yee, give war or dates on NO.)	C. LENGTH OF STAY (in this place) SALE RIVER stitution, give street address or location) DE US, 54 b. (Middle) 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8pecify) 10b. KIND OF BUSINESS OR IN- DUSTRY 13b. MOTHER'S MAIDEN A T	2. USUAL RESIDEN a. STATE MISSO c. CITY (If outside corpora OR TOWN FD H d. STREET ADDRESS RIVE) c. (Last) BRIGHT BRIGHT 11. BIRTHPLACE (State or	NCE (Where deceased lived. If it b. COUNTY) The limits, write RURAL and give to the limits of the lim	matitution: residence before admission). DRAIN Waship) (Day) (Year) 8 - 5 2 BRIVERR BY UNDER M. RES. Days Hours Min.
a. COUNTY D. CITY (II outside corporate limits, write RUOR OR TOWN F. J. J. d. FULL NAME OF (II not in bospital or ins HOSPITAL OR / N. L. INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WHITE 10a. USUAL OCCUPATION (Clive kind of work done during most of working life, even if retired) 13a. FATHER'S NAME UALTER UNITER L. R. R. L. R.	DE STAY (in this place) SALE RIVER pitution, rive street address or location) LINE S DF US, 54 b. (Middle) 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEY ER MOTHER'S MAIDEN 13b. MOTHER'S MAIDEN A T	a. STATE /// SSO c. CITY (II outside corpor OR TOWN FD # OF TOWN FD #	b. COUNTY Tate limits, write RURAL and give tor SALTRIUM (If rural, give location) PS NDDITION 4. DATE (Month) OF DEATH PPRIA 9. AGE (In years) last birthday) foreign country) OF O	machine on A Company (Year) (Day) (Year) (Day) (Year) (Day) Hours Min.
b. CITY (If outside corpurate limits, write RUOR CORTOWN FIDE TO THE PROPERTY OF THE PROPERTY	DE STAY (in this place) SALE RIVER pitution, rive street address or location) LINE S DF US, 54 b. (Middle) 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEY ER MOTHER'S MAIDEN 13b. MOTHER'S MAIDEN A T	c. CITY (II outside corporate of the cor	ate limits, write RURAL and give tor	(Day) (Year) R - S Z OR I YEAR OF WHOER M HES. DAYS HOURS Min.
b. CITY (If outside corporate limits, write RU OR TOWN F) F) # 1- d. FULL NAME OF (If not in bospital or in HOSPITAL OR IN LINE IN INSTITUTION DO IT DN IT INSTITUTION (If IT IN IT	DE STAY (in this place) SALE RIVER pitution, rive street address or location) LINE S DF US, 54 b. (Middle) 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEY ER MOTHER'S MAIDEN 13b. MOTHER'S MAIDEN A T	c. (Last) BRIGHT BRIGHT 11. BIRTHPLACE (State or	(If rural, give location) RS NDDITION 4. DATE (Month) DEATH APRIX 9. AGE (In years) Interest birthday) foreign country) O	(Day) (Year) 8 -5 2 B I YEAR W UNDER M HES. DAYS HOURS MIN.
d. FULL NAME OF (If not in hospital or in HOSPITAL OR) LAKE NINSTITUTION DD TO DO TO	b. (Middle) 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10b. KIND OF BUSINESS OR INDUSTRY	d. STREET ADDRESS C. (Last) BRIGHT ()8. DATE OF BIRTH II. BIRTHPLACE (State or)	4. DATE (Month) OF DEATH APRIL 9. AGE (In years of two last birthday) foreign country)	(Day) (Year) 8 - 5 - 2 ER I YEAR IF UNDER M HES. DAYS HOURS MIN.
INSTITUTION ADDITION OF THE STATE OF DECEASED (Type or Print) 5. SEX ON BLE 6. COLOR OR RACE WHITE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDEN 3a. FATHER'S NAME WALTER IS. WAS DECEASED EVER IN U. S. ARMED F. (Yes. no. or unknown) (If yes. give war or dates on the color of the c	DE D	address RIVEX c. (Last) BRIGHT (18. DATE OF BIRTH 11. BIRTHPLACE (State or 1) MEXICO	4. DATE (Month) OF DEATH APRIL 9. AGE (In years of two last birthday) foreign country)	B - 5 Z ER I YEAR D WINDER M RES. Days Hours Min. 12. CITIZEN OF WHAT
3. NAME OF DECEASED (First) OECEASED (Type or Print) 5. SEX () (6. COLOR OR RACE WHITE) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDEN 13a. FATHER'S NAME UBLIER DEPLICATION (Give kind of work done during most of working life, even if retired) 15. WAS DECEASED EVER IN U. S. ARMED F. (Yee, no. or unknown) (If yee, give war or dates on the color of t	b. (Middle) TOE AL T. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bpacity) NEY ER 10b. KIND OF BUSINESS OR IN- DUSTRY 13b. MOTHER'S MAIDEN AT	C. (Last) BRIGHT BRIGHT BREST 199 11. BIRTHPLACE (State or)	4. DATE (Month) OF PPRIA DEATH PPRIA 9. AGE (In years) I brothday) foreign country)	B - 5 Z ER I YEAR D WINDER M RES. Days Hours Min. 12. CITIZEN OF WHAT
DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WHITE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 3a. FATHER'S NAME WALTER BLB RIGH USUAL DECEASED EVER IN U.S. ARMED F (Yes. 20. or unknown) (If yes, sive war or dates of the color of the	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEY ER /// DER DUSTRY 10b. KIND OF BUSINESS OR INDUSTRY 13b. MOTHER'S MAIDEN A T	BRIGHT BRANCH ST. 199 11. BIRTHPLACE (State or)	OF DEATH APRIL 9. AGE (In years last birthday) foreign country)	B - 5 Z ER I YEAR D WINDER M RES. Days Hours Min. 12. CITIZEN OF WHAT
5. SEX () 6. COLOR OR RACE WHITE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 3a. FATHER'S NAME WALTER ALBRICH 15. WAS DECEASED EVER IN U. S. ARMED F. (Yee, no, or unknown) (If yee, give war or dates on the color of the color o	WIDOWED, DIVORCED (Bpecify) NEY ER /// PROPERTY 10b. KIND OF BUSINESS OR INDUSTRY 13b. MOTHER'S MAIDEN AT	11. BIRTHPLACE (State or	DEATH MPR/2 9. AGE (In years of two last birthday) foreign country)	TO DAYS HOURS MINES. 12. CITIZEN OF WHAT
ON BLE WHITE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT 3a. FATHER'S NAME UBLITER DLD RIGHT 5. WAS DECEASED EVER IN U. S. ARMED F. (Yee. no., or unknown) (If yee., give war or dates on the control of the control	WIDOWED, DIVORCED (Bpecify) NEY ER /// PROPERTY 10b. KIND OF BUSINESS OR INDUSTRY 13b. MOTHER'S MAIDEN AT	11. BIRTHPLACE (State or)	foreign country	Days Hours Min.
JOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 3a. FATHER'S NAME UBLIER S. WAS DECEASED EVER IN U. S. ARMED F. (Yee. no. or unknown) (If yee, sive war or dates or not see the control of the control	NEYER MALDENES OR INDUSTRY 13b. MOTHER'S MAIDEN AT	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) STUDE N Sa. FATHER'S NAME URLTER PLBRICH S. WAS DECEASED EVER IN U. S. ARMED F. (Yee. no. or unknown) (If yee, give war or dates on the control of the control o	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or	mo	12. CITIZEN OF WHAT
STUDENT 3a. FATHER'S NAME UBLTER PLBRIGH 15. WAS DECEASED EVER IN U. S. ARMED F (Yee, 20. or unknown) (If yee, give war or dates o	136. MOTHER'S MAIDEN		May Service and Service	1 37% K
3a. FATHER'S NAME UBLIER PLBRIGH 5. WAS DECEASED EVER IN U. S. ARMED F Yee. no. or unknown) (II yee. sive war or dates o	T PAMA TAT		A NAME OF MILERAND OF MI	1 ///
S. WAS DECEASED EVER IN U.S. ARMED F Yee. 20. or unknown) (II yee. sive war or dates o	ORCEST 16. SOCIAL SECURITY	<u>-</u> 1	.4. HAME OF HUSBARD OR BE	FE
Yee, no. or unknown) (If yes, give war or dates o	ORCEST 16. SOCIAL SECURITY	ا سر−	NONE	
NO		17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
77 -	NONE NO.	WALTERAL	WARIGHT Y	NEXICO ME
S. CAUSE OF DEATH		CERTIFICATION	35 12 1 G 17 1 	I INTERVAL BETWEEN
Enter only one or the per I I. DISEASE OR CO	NDITION .	7	id y find	ONSET AND DEATH
ine for (a), (b), and (c) DIRECTLY LEADII	NG TO DEATH (a)	Lynn, Well	ram wym	umng_
*This does not mean ANTECEDENT CA	USES	PI	11 14	4
he mode of dying, such Morbid conditions,	if any, giving DUE TO (b)	Salling Ky	y a ross	00 1/11
12 heart failure, asthenia, Tise to the above car	use (a) sicino .	I M		1 1 4
tc. It means the dis-	DUE TO (c) New	us Fond	Gody now for	und as
tion which caused death. II. OTHER SIGNIF	ICANT CONDITIONS		H./Plan	1 Vame
Conditions contributed to the diseas	uting to the death but not e or condition causing death	P. M. Chil 8	1952 by Hem.	Vanzanty
19a. DATE OF OPERA- 19b. MAJOR FIND	INGS OF OPERATION		£850-	TO THE PERSON OF
· Money TION			200078	YES NO 🔯
Pla. ACCIDENT (Specify) 2	1b. PLACE OF INJURY (e.g., in or about	21c. (CLFY, TOWN, OR TO	OWNSHIP) (COUNTY)	(STATE)
SUICIDE HOMICIDE	oue, farm, factormetreet, office bldg., etc.)		001, 1	Mo
	Tour 21e. INJURY OCCURRED	21f. HOW DID INJURY O		7/
- OF / 3/ 3/ 3/ 3/	WHILEAT NOT WHILE TO		_	•
	WORK L AT WORK US	heroum	1	
22, I hereby certify that I attended th		, 19, to		ast saw the deceased
9-00-01	e, and that death occurred at		causes and on the date sta	
23a. SIGNATORE	(Degree or title)	23b. ADDRESS	an	23c. DATE SIGNED
J. V. Udams//	The Coroner	1 // Which	0. 1160.	14-7-02
24a. BURIAL. CREMA- 24b. DATE	24c. NAME OF CEMETER	RY OR CREMATORY 240	d. LOCATION (City, town, or co	unty) (State)
TION SEMOVAL (Specify) 7-10-3	EAST LAWN	MEMORAL	MEXICO	140
	GNATURE _ A	25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS
Charles Blom	el. neely	MAS AR	WOLD JR 1	MEXICOM
41011-1432 1011m	<u></u>		· · · · · / · / / / / /	

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
working under my personal supervision.	Student Embalaer No.

Student Embalmer

Licensed Embalmer No. 46.25

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.