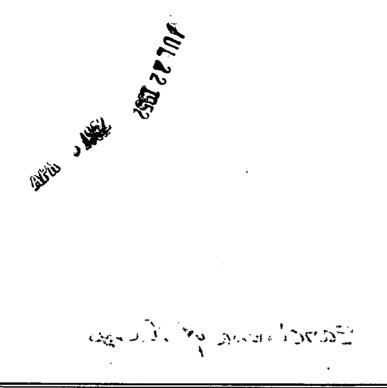
	0.300			STANDARD CERTI	FICATE OF DEA	ATH	୍ଷ ଅଧିକ୍ର
v, t	0.48 F	GUMAR 171	990	_ REG. DIST. NO. /6 \$	PRIMARY REG. DIST.	11300	1.2
	~ /I	I. PLACE OF DE	ATH		2. USUAL RESID		If institution: residence before
05	1	a. COUNTY	Knox	, 'ä	a. STATE MI	SON RICHARD	A 20 of inton).
	1	b. CITY (If outside of TOWN	ornorate limite, write R	township) STAY (in this place	c. CITY (If outside our OR TOWN	morate limite, write RURAL and give	township)
1	B.D	d. FULL NAME OF	(If not in hospital or in	natitution, give street address of location)	d. STREET	(If rural, give location)	03 20
	RECORD	INSTITUTION			ADDRESS	* 7	g
		3. NAME OF DECEASED	a. (First)	PUT b. (Middle)	c. (Last)	4. DATE (Mon	th) (Day) (Year)
	INI	5. SEX / 16.	COLOR OR RACE	17. MARRIED, NEVER MARRIED,	I & DATE OF BIRTH	DEATH / NAV	1 10-1952
	ANE	F /	$\omega$	WIDOWED, DILORCED (Specify)	Dec -25-	1000 last birthday) Mo	UNDER I YEAR IF EMDER 11 HRS.  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PERMANENT	10a. USUAL OCCUPATION done during most of register	ON (Give kind of working life, even if retired)	106. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	<u> </u>	130. EATHER'S MAME	a page	13b. MOTHER'S MAIDEN	THAME ,	14. NAME OF HUSBAND OR	WIFE
	E)	Charle	1 Henr	y Salina	Junkerton		·
	MAK	15. WAS DECEASED EVI (Yes, 20, or unknown) (19	R IN U.S. ARMED I	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT'	S SIGNATURE OR NAME	Plina Ma
	1	18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	NOTION -	CERTIFICATION	19	INTERVAL BETWEEN ONSET AND DEATH
	INK	line for (a), (b), and (c)	DIRECTLY LEAD	NG TO DEATH (a)	Comma 9	y Lungs	
	CK	*This does not mean	ANTECEDENT CA		•	•	
	BI.A	the mode of dying, such as heart failure, asthenia,	Morbid conditions rise to the above ex the underlying cau	if any; giving DUE TO (b)	•		
		etc. It means the dis- case, injury, or complica-	· ·	DUE TO (c)			
	NI .	tion which caused death.		ICANT CONDITIONS uting to the death but not	•		
	fAD	19a. DATE OF OPERA-		uting to the death but not se or condition causing death. DINGS OF OPERATION	<del></del> .		20. AUTOPSY?
	UNEADING	TION	ISON INVOCATING	THE OF CREATION		163X	YES NO K
	-USING	21a. ACCIDENT SUICIDE HOMICIDE .		Tib. PLACE OF INJURY (e.g., in or about come, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNT)	(STATE)
	sn-	21d. TIME (Month) OF INJURY	(Day) (Year) (i	21e. INJURY OCCURRED WHILEAT NOT WHILE	21f. HOW DID INJURY	OCCUR7	
	LY-	22. I hereby certify	hat I attended to	WORK ATWORK	2 : 1920 . 10	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Tank's and Alice St. 1
	PLAINLY	alive on MA	9 :, 19,4	, and that deals occurred at		ne causes and on the date *	last saw the deceased taled above.
		23a. SIGNATURE	Lumaci	(Degree or title)	23b. ADDRESS	linamo	23c. DATE SIGNED
	WRITE	24a. BURIAL. ONEMA	1)24b. DATE	24c. NAME OF CEMETER	Y OR CREMATORY	24d, LOCATION (City, town, or	county) State)
	F-	DATE REC'D BY LOCAL	REGISTRAR'S'S	1 1 1 1	25. FUNSRAL DI REC	FOR'S SIGNATURE	ADDRESS
	į	REG	1 pelle	3- Hunolt 0	Leit /	doon Edin	a, M8.
		1.	•	(Licensed Embalmer's 5	statement on Reverse Side	•)	,



## 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.

Signed Keich Hudson

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.