S. No. 2001 DAPR 30 1952 STANDARD CERTIFICATE OF DEATH 10.45 SIRTE NO. 10.45 SI	S. No 304	Ordin one on	THE DIVISION OF HE			4 ONE A
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21a. ACCIDENT (Brockly) 21b. PLACE OF INJURY (s.e., in or about SUICIDE Home, farm, factory, street, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 3. 2.9 52 9 m. WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 3-26-1952, to 4-17, 1952, that I last saw the deceased gline on 1-10, 1952 and that death occurred at 1104 m from the causes and on the date stated above. 23a. SHGNATURE 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) DATE RECO BY LOCAL (Brothy) APR 19, 95 WALLINGTON (State) 10 PR 19, 95	Ö	cast, injury, or complica-		factured 1	<u>up</u>	7 wills
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22. I hereby certify that I attended the deceased from 3-28-, 1952, to 4-17, 1952, that I last saw the deceased aline on 1922 and that death occurred at 9:00 m, from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL. CREMA- TION REMOVAL (REMATORY) 24b. DATE 24c. NAME OFFICEMETERY OF (REMATORY) 24d. LOLATION (City, town, or county) 24d. LOLATION (City, town, or county) 25. POMEBAL BIRECTOR'S SIGNATURE 4. DATE SIGNATURE 25. POMEBAL BIRECTOR'S SIGNATURE 4. DATE SIGNATURE 25. POMEBAL BIRECTOR'S SIGNATURE 4. DATE SIGNATURE 25. POMEBAL BIRECTOR'S SIGNATURE 26. POMEBAL BIRECTOR'S SIGNATURE 27. POMEBAL BIRECTOR'S SIGNATURE 28. POMEBAL BIRECTOR'S SIGNATURE 29. POMEBAL BIRECTOR'S SIGNATURE 29. POMEBAL BIRECTOR'S SIGNATURE 29. POMEBAL BIRECTOR'S SIGNATURE 25. POMEBAL BIRECTOR'S SIGNATURE 25. POMEBAL BIRECTOR'S SIGNATURE 26. POMEBAL BIRECTOR'S SIGNATURE 27. POMEBAL BIRECTOR'S SIGNATURE 28. POMEBAL BIRECTOR'S SIGNATURE 29. POMEBAL BIRECTOR'S SIGNAT	ă.	ll OF			040	
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(Licensed Empalmer's Statement on Reverte Side)	•	DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	25, FONEBAL DI RECTOR'S SI	SMATTE 11 ADI	RECA
(Licensed Emfalmer's Statement on Reverse Side)		7-11-02	wacker mastey -	ecchsley- Fin	smouth &	lasgow
			(Licensed Embalmer's St	stement on Reverge Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate	was emi	balmed by	y me,	or by	······································	
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working under my personal supervision.	Student	Embalme	r No		• • • • •		

Signed Walker audsley

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.