b. CITY (If coulded perspectable flowers) OR OF CHARLES, write RURAL and give to regularly and the place of the post of the place of t	33806-	52	THE DIVISION OF HE	-		92250
1. PLACE OF DEATH a. COUNTY b. CITY (If enable preprints finite, write RURAL and give to trapship) C. LENGTH OF OR ALL MANE OF (If not in houghtal or inestitution, drygoffers address or houstless) J. LILL MANE OF (If not in houghtal or inestitution, drygoffers address or houstless) J. LANKE OF DEATH J. DISEASE OR CONDITION J. LANKE OF DEATH J.		-	STANDARD CERTIF	FICATE OF DEA	State File No	<u> </u>
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d. FILL NAME OF (If not in beoptial or institution, etra powers delived or location) 3. NAME OF (If PURIL) (IF THE POWER OF DECEASED (IF THE POWER	OR Q	purate limits, write RI	towaship) STAY (in this place	مسه OR الد	porate limits, write BURAL and give town	makin)
DECASED (Type or Print) (Type or Print	HUSPITAL OR	f not in hospital or in	estitution, give proof address or location)	d. STREET ADDRESS	(If rural, give location)	0
5. SEX 6. COLOR OF GACE 7. MARPÍED, NEVER MARRIED 8. DATE OF BIRTH 9. ACE (d. reunit 1222 1224	DECEASED	a. (First)		4 /	OF //	(Day) (Year) 10-/90-2
10b. LISUAL OCCUPATION (Give kind of each of does during most of working life, even if reduced) 10b. KIND OF BUSINESS OR IN DUSTRY 11. BIRTHPLACE and or foresten organizary 12 CUTTEND ON OUTPRY 12. AUTOPS) 13b. MOTHER SMALL REDUCTION 11. BIRTHPLACE and or foresten organizary 12 CUTTEND ON OUTPRY 12. AUTOPS) 15. SOCIAL SECURITY 17. INFORMANT 18. CAUSE OF DEATH		COLOR OF BACE	1 7 MARRIED NEVER MARRIED.		9. AGE (16 years If thouse last birthday) Months	Days Hours Min.
S. W.B. DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRIVATION 18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH II. DISEASE OR CONDITION THIS INTERVAL BE ORSE TAND I DIRECTLY LEADING TO DEATH II. DISEASE OR CONDITION THIS INTERVAL BE ORSE TAND I DIRECTLY LEADING TO DEATH INTERVAL BE ORSE TAND I DIRECTLY LEADING TO	10a. USUAL OCCUPATION done during most of working	N (Give kind of work g life, even if retired)	10b. KIND OF BUSINESS OR IN-	1 1 9	or foreign country)	12. CITIZEN OF WHA
Identified Compiled Compile	3a. FATHER'S NAME	Bake	13b. MOTHER'S MAIDEN	HAME	14. NAME OF HUSBAND OR WIF	E
III. CAUSE OF DEATH Enter only one one oper per line for (a), (b), and (c) "This does not mean like mode of spring, such as heart failure, authenia, size, if means the distract, iffering or complication which caused death. III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) Plan. DATE OF OPERA: TION 199. MAJOR FINDINGS OF OPERATION 210. PLACE OF INJURY (s.g., in or about home, farm, fastory, streen, office bidg., em.) Policide 100. The side of the deceased from the causes and on the date stated above. 211. Hereby certify that I attended the deceased from the deceased from the date stated above. 212. SIGNATURE 213. SIGNATURE (Degree of title) 214. NAME OF CEMENT OF CREMATORY (Degree of title) 215. NAME OF CEMENT OF CREMATORY (Degree of title) 216. NAME OF CEMENT OF CREMATORY (Degree of title) 216. NAME OF CEMENT OF CREMATORY (Degree of title) 216. NAME OF CEMENT OF CREMATORY (Degree of title) 216. NAME OF CEMENT OF CREMATORY (Degree of title) 216. NAME OF CEMENT OF CREMATORY (Degree of title) 216. NAME OF CEMENT OF CREMATORY (Degree of title) 217. NOT THE CAUSES (Degree of title) 218. SIGNATURE (Degree of title) 219. DATE OF CREMATORY (Degree of title) (Degree of				J. INFORMANT		ADDRESS
Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (b) It means the discusse, sharing, or complication which caused death. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The above cause (a) stating the underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The above cause (a) stating the underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The above cause (a) stating the underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The above cause (a) stating the underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The above cause (a) stating the underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The above cause (a) stating the underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The underlying cause last. DUE TO (c) Morbid conditions, if any, giving DUE TO (b) The underlying cause last. DUE TO (c) Morbid conditions of any giving Cause last. DUE TO (c) Morbid conditions of any giving Cause last. DUE TO (c) Morbid cause last	Enter only one cause per		ONDITION ING TO DEATH*(a)	FLATION		INTERVAL BETWEEN ONSET AND DEATH
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TION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (Host) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR?		Conditions contribu	uting to the death but not	Blue O	Baly.	
SUICIDE HOMICIDE home, farm, factory, etreet, office bidg., etc.) 21d. TIME (Moeth) (Day) (Tear) (Hour)	19a. DATE OF OPERA-	196. MAJOR FIND	DINGS OF OPERATION		1544	20. AUTOPSY7
INJURY 10. WHILE AT NOT WHILE AT WORK. 22. I hereby certify that I attended the deceased from African 1952, to find 10, 1952, that I last saw the deceased from African 1952, and that death occurred at 3:30 fm., from the causes and on the date stated above. 23e. SIGNATURE (Degree of title) 23d. ADDRESS (Degree of title) 23d. ADDRESS (All CREMA) 24d. LOCATION (City, town, or county) 150N, REMOVAL (Species)	21a. ACCIDENT (SUICIDE HOMICIDE	Specify) 2	21b, PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)		TOWNSHIP) (COUNTY)	(STATE)
Chatham County or Crematory 24d. LOCATION (City, town, or county) 24a. BURIAL. CREMA* 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25a. BURIAL. CREMA* 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25a. BURIAL. CREMA* 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 26b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 26c. DATE 24d. DATE 24d	OF	(Day) (Year) (I	WHILEAT () NOT WHILE (217. HOW DID INJURY	OCCUR?	
Zie. SIGNATURE Chlatham Corone Zib. ADDRESS ENLIST Chlatham Corone Zib. ADDRESS Zie. BURIAL. CREMA! 24b. DATE TION, REMOVAL (Specify) January Zid. LOCATION (City, town, or county) (St. Darling County) January Zid. Location (City, town, or county) (St. Darling County) January Zid. Location (City, town, or county) January Zid. Location (City, town, or county) January Zid. Location (City, town, or county)		rat I attended th	he deceased from Africa.	· · · · · · · · //	• .	
249. BURIAL. CREMA 240. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (But of county) (But of county)		(play	(Degree or title)		a mo	23/ DATE SIGNED
	24a. BURIAL, CREMA- TION, REMOVAL (Banks)	24b. DATE	24c. NAME OF CEMETER	RY OR CREMATORY		nty) (State)
	DATE REC'D BY LOCAL REG.			25. FUNERAL DIRECT		
Per Lua Murant (Licensed Embelmer's Statement on Reverse Side)	per L	man Muss	(Licensed Embelmer's	Statement on Reverse Sid	e)	

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STATEMENT BY LICENSED EMBALMER					
I hereby certify that the body whose name is recorded or	n the reverse side of this certificate was embalmed by me, or by				
working under my personal supervision.	Signed Everely J. Cheathan				
SignedStudent Embaimer	Licensed Embalmer No. 35-70				

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

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