SHETN NO. REG. DIST. NO. SPRIMARY REG. DIST. NO. MISSION TO MISSION THE NEW RES. DIST. NO. STAY (Identified social will all the section of the not was the section of the note of the new two to deal was two control of the note of the new two to deal was two control of the new two local and two local and the new two local and two local and the new two local and two local	FILED AUG	० ।धरू	CTANDADD CEDTI	EICATE OF MISSOURI	, 1	2375
1. PLACE OF DEATH 2. COUNTY Butler 5. CITY (of coulded composite limits, write RURAL and dressor township) 5. CITY (of coulded composite limits, write RURAL and dressor township) 5. CITY (of coulded composite limits, write RURAL and dressor township) 6. CITY (of coulded composite limits, write RURAL and dressor location) 6. CITY (of coulded composite limits write RURAL and dressor location) 6. CITY (of coulded composite limits write RURAL and dressor location) 6. CITY (of coulded composite limits write RURAL and dressor location) 6. CITY (of coulded composite limits write RURAL and dressor location) 6. CITY (of coulded composite limits write RURAL and dressor location) 7. CITY (of coulded composite limits write RURAL and dressor location) 6. CITY (of coulded composite limits write RURAL and dressor location) 6. CITY (of coulded composite limits write RURAL and dressor location) 6. CITY (of coulded composite limits) 7. SEC (CITY (of coulded	LINER HOG	0 1002	STANDARD CERTI	TOATE OF DEATH		
b. CITY (II outside corporate limits, write RURAL and give township) OR ON POPLAY Bluff OR OF COMM POPLAY Bluff OF COMM POPLAY OF COMM POPLAY Bluff OF COMM POPLAY Bluff OF COMM POPLAY O	BIRTH NO		_ REG. DIST. NO			
b. CITY (II outside corporate limits, write RURAL and give township) OR ON POPLAY Bluff OR OF COMM POPLAY Bluff OF COMM POPLAY OF COMM POPLAY Bluff OF COMM POPLAY Bluff OF COMM POPLAY O		TH		2. USUAL RESIDENC	E (Where deceased lived. If in	atitution: residence
TOWN POPLAR Bluff d. FILL NAME OF (if the the hospital of institution, give stress address or location) HOSPITAL NAME OF (if the the hospital of institution, give stress address or location) HOSPITAL OR DOCTO'S HOSPITAL 3. NAME OF (If the the hospital of institution, give stress address or location) HOSPITAL OR DOCTO'S HOSPITAL 3. NAME OF (If the the hospital of institution, give stress address or location) HOSPITAL OR (If the the hospital of institution) 5. SEX O 6. COLOR OR RACE 17. MARRIED, REVER MARRIED, BOYLE 18. DATE (Month) (Day) DOATH July 18, 199 Feb. 21, 1886 18. DATE OF BUSHNESS OR IN. HATTIFICAL 18. DATE (Month) (Day) DOATH July 18, 199 Feb. 21, 1886 18. DATE OF BUSHNESS OR IN. HATTIFICAL 18. DATE (Month) (Day) DOATH July 18, 199 Feb. 21, 1886 18. DATE OF BUSHNESS OR IN. HATTIFICAL 18. DATE (Month) (Day) DOATH July 18, 199 Feb. 21, 1886 18. DATE OF BUSHNESS OR IN. HATTIFICAL 18. DATE (Month) (Day) PARKET AND ASSET AND A	Bu	<u>itler</u>	· · - · - · - · - · - · - · · - · · - · · - · · - · · - · · - ·			
TOWN POPLAY Bluff d. FILL NAME OF (If on to is brighted or institution, sire stress address or location) d. FILL NAME OF (If on to is brighted or institution, sire stress address or location) d. FILL NAME OF (If on to is brighted or institution, sire stress address or location) d. STREET (If rund, sire location) d. DATE (Month) (Day) DEATH JULY 18, 195 DEATH JULY 18, 195 DATE OF BIRTH (Peb. 21, 1886 Of Or	b. CITY (If outside cor	rporate limite, write R		AII OR		
ADDRESS R.F.D. #1, Bernie, Mo.	Popla wwo	r Bluff		TOWN Rural (Liberty Twp.	<u>.) 102:</u>
3. NAME OF DECEASED DECEASED 1. (Pirst) DECEASED DECEASED 1. (Pirst) DECEASED DECEASED 1. (Pirst) DECEASED DECEASED 1. (Pirst)	d. FULL NAME OF (HOSPITAL OR			II ADDDECC		/
OF CORPORATION (Proper Print) Inther Eli Boyle DEATH July 18, 195 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, MUDOWED (Property) Property P				<u>''</u>	, #1, Bernie,	MO.
(Type or Print) Lither S. 5X	3. NAME OF DECEASED	a. (First)	b. (Middle)		4. DATE (Month)	(Day) (Yes
Male White White Married Feb. 21, 1886 Go Markholdon Married Peb. 21, 1886 Go P		uther	<u>Eli</u>		I DEATH JUTA TO	- 1 / /
Indeed to the desired consideration of work and the desired considerates more of working life, were it reduced IDB. KIND OF BUSINESS OR IN. II. BIRTHPLACE (City and State or Foreign Constity) IZ. CITIZE (and desired more of working life, were it reduced) IDB. KIND OF BUSINESS OR IN. Hattieville, Arkansas IZ. CITIZE (and desired more of working life, were it reduced) IDB. KIND OF BUSINESS OR IN. Hattieville, Arkansas IZ. CITIZE (City and State or Foreign Constity) IZ. CI			WIDOWED, DIVORCED (Specify)		1 at black dank Menaka	
deam during most of working life, wrent if system) FATMOR 38. FATMER'S NAME James M. Boyle Julia Hug Julia Hug Trans. Sor use M. Boyle Julia Hug Trans. Sor use M. Boyle Julia Hug Trans. Sor use M. Boyle Trans. According M. Boyle Trans. According M. Boyle, Bernie, M. Boyl				-		12. CITIZEN OF
James M. Boyle Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Julia Hug Julia Hug Mrs. Rosie M. Boyle, Bernie, Julia Julia Hug J	done during most of working	ng life, even if retired)	DUSTRY	(420) 484		COUNTRY
James M. Boyle Julia Hug S. WAS DECEASED EVER IN U. S. ARMED FORCES! IS. WAS DECEASED EVER IN U. S. ARMED FORCES! IS. WAS DECEASED EVER IN U. S. ARMED FORCES! IS. CAUSE OF DEATH Inter only one occurs per line for (a), (b), and (c) "This does not mean the mode of dring, such the mode of dring, such the mode of dring, such the state of the above cause (d) stating the underlying cause lest. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS OCONDITION III. OTHER SIGNIFICANT CONDITIONS OCONDITION DUE TO (c) TION JOSEPH A. COLORY SOLUTION JOSEPH A. COLORY SOLUTION JOSEPH A. COLORY JOSEPH A. LOCATION (Dist), town, or country JOSEPH A. LOCATION (DIST), town, or c			13b. MOTHER'S MAIDE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT. INFORMANT'S SIGNATURE OR NAME ADDRESS OF COUNTY) (If year, give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dring, such as heart/fallivre, asthenia, fet to the above cause (a) stating the underlying consellation. The cause is the discount which considered the discount which considered to the drose cause (a) stating the underlying cause last. 19a. DATE OF OPERA-TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDET (Boselty) 21b. MAJOR FINDINGS OF OPERATION 21c. INJURY (s.e. to or above) AN WORK OF COUNTY) 21c. INJURY (S.e. to or above) AN WORK OF COUNTY) 21c. INJURY (S.e. to or above) AN WORK OF COUNTY) 21d. TIME (Month) (Day) (Year) (Bour) (21e. INJURY OCCURRED WHILE AT WORK OF CAMERO OF THE CAUSE AND OF TH					Rosie M. Bovi	e
NO. Mrs. Rosie M. Boyle, Bernie, No. Mrs. Rosie M. Bernie, Rosie M. Boyle, Bernie, Rosie M. Bernie,			FORCES? 16. SOCIAL SECURITY	_ (ADDRE
IR. CAUSE OF DEATH Enter only one cause per Itine for (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) "This does not mean Himself of (a), (b), and (c) In ordificate conditions, if any, giving DUE TO (b) Under the above cause (a) stating Himself of (b) In ordificate conditions, if any, giving DUE TO (b) Under the underlying cause last. Under the underlying cause last. Under the underlying cause last. In ordificate conditions, if any, giving DUE TO (b) Under the underlying cause last. Underlying cause last. Under the underlying cause last. Underlying cause last. Under the underlying cause last. Underlying	(Yes, no, or unknown) (If			. •	M. Bowle Beri	nie: Mo
Enter only one cause per line for (a), (b), and (c) "This does not mean the discussion of the mode of stying, such as heart failure, exthenia, the mode of stying, such as heart failure, exthenia, the mode of stying, such as heart failure, exthenia, the mode of stying, such as heart failure, exthenia, the mode of stying, such as heart failure, exthenia, the mode of stying, such as heart failure, exthenia, the mode of stying, such as heart failure, exthenia, the mode of stying, such as heart failure, exthenia, the mode of stying cause least. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Plan. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 10b. MAJOR FINDINGS OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. (CITY; TOWN, OR TOWNSHIP) 21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (ST SUICIDE 10b. MAJOR FINDINGS OF OPERATION 21c. (CITY; TOWN, OR TOWNSHIP) 21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (ST SUICIDE 10b. MAJOR FINDINGS OF OPERATION 21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (ST WORK AT			MEDICAL		1. DOJIC. DOLL	I INTERVAL BET
**This does not mean the mode of dring, such as heart failure, exthenia, stee. It means the discussed for compilions which coused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discussed conditions counting death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discussed conditions counting death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discussed conditions counting death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discussed conditions counting death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discussed conditions counting death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discussed conditions counting death. PER CONDITION COUNTY (ST MONICIDE (Month) (Day) (Year) (Hour) (21e. INJURY OCCURRED NOT WHILE INJURY OCCURRED NOT WHILE INJURY OCCURRED NOT WHILE INJURY OCCURRED		I, DISEASE OR CO	ONDITION //		•	ONSET AND D
Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (b) DUE TO (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. Page 199. MAJOR FINDINGS OF OPERATION 210. ACCIDENT SUICIDE HOMICIDE INJURY COUNTY) DIVING (Month) OF INJURY COUNTY) 210. INJURY OCCURRED WHILE AT HOT WHILE WORK AT WORK AT WORK 221. Hereby certify that I attended the deceased from Moral attended the deceased from Moral attended the death occurred at 3:30 Am, from the causes and on the date stated above. 222. SIGNATURE COUNTY DETERMANDED LACEDEM AND DETERMANDED LACEDEM AND DETERMANDED LACEDEM AND DETERMANDED LACEDEM AND DESS ADDRESS DATE REGISTRARS SIGNATURE LACEDEM AND DATE ADDRESS ADDRES	ine for (a), (b), and (c)	l	4	<u> </u>		-
DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Ornditions contributing to the decath but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 21b. PLACE OF INJURY (e.g., to or about MOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) DISSUICIDE 21d. TIME (Month) (Day) (Year) (Hour) AT WORK				mic alemen	Morephitis	Undexer
DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the decath but not related to the disease or condition causing death. Page 199. MAJOR FINDINGS OF OPERATION 210. ACCIDENT SUICIDE 210. PLACE OF INJURY (e.g., to or about MOMICIDE 211. ACCIDENT SUICIDE 210. TIME (Month) (Day) (Year) (Hour) Dome, farm, factory, street, office bidg, seo.) 211. TIME (Month) (Day) (Year) (Hour) Distributing to the decath but not related to the distributing to the decath but not related to the distribution causing death. 211. ACCIDENT SUICIDE 212. ACCIDENT SUICIDE 213. ACCIDENT (Bowelly) Dome, farm, factory, street, office bidg, seo.) 214. TIME (Month) (Day) (Year) (Hour) Distribution of the county) (ST WHILE AT WORK DISTRIBUTION OF THE COUNTY OF THE		Morbid conditions rise to the above co	i, if any, giving DUE TO (b) ruse (a) stating	7		-{ , ,
Conditions contributing to the death but not related to the disease or condition cousing death. 19a. DATE OF CPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. PLACE OF INJURY (s.g., the or about Suicide Homicide H	etc. It means the dis-	the underlying cau	pur TO (a)	· 1	• • • •	-[
Conditions contributing to the death but not related to the disease or condition couring death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. Manual OF INJURY 21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidg., sto.) OF INJURY 21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (ST 21d. Month) OF INJURY 21d. Injury OCCURRED WHILE AT WORK 21d. HOW DID INJURY OCCUR? WHILE AT WORK 22d. Horeby certify that I attended the deceased from 7 - / - c/ 2, 19		II. OTHER SIGNIF		· · /	<u> </u>	-
19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 21d. INJURY 21d. INJURY 21d. INJURY OCCURRED WHILE AT WORK 21d. INJURY OCCURRED WHILE AT WORK 21d. INJURY OCCURRED WHILE AT WORK 21d. Indeeds the deceased from 1 occurred at 3:30 for, from the causes and on the date stated above. 23a. SIGNATURE 24d. BURIAL, CREMA- TION, REMOVAL (Regedity) 24d. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Dity, town, or county) Malden Memorial Park Malden, Missouri Address Addr				wearded ful	roses	Mulder
TION 21a. ACCIDENT (Boselfy) 21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21d. INJURY 21d. INJURY 21d. INJURY OCCURRED WHILE AT MOTE WHILE AT WORK 21d. Town of the causes and on the date stated above. 22d. Bereby certify that I attended the deceased from 1 or while alive on 1 or 19 o	19a DATE OF OPERA-			1 : 1		20. AUTOPSY
SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCURT WHILE AT WORK	TION			0 , ,	592次	YES . N
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCURT OF INJURY 22. I hereby certify that I attended the deceased from 7-1-c/2, 19 //2, to /-/2-, 19 //2 that I last saw the alive on /-/2, 19 //2, and that death-occurred at 3:30 //2, from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS // 3cc. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) // 3cc. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) // BULT 13 // 7-20-52 Malden Memorial Park Malden, Missouri' DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (428) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHAPTER ADDRESS CONTINUED CONTINU	21a. ACCIDENT	(Specify) 12	21b. PLACE OF INJURY (e.g., in or about	21c. (CITY; TOWN, OR TOWI	NSHIP) (COUNTY)	(STATE
21d. TIME (Month) (Day) (Year) (Hour) (Hour) (Day) (Year) (Hour) (Day) (Year) (Hour) (Day) (Year) (Hour) (Day) (Year) (Hour) (Part Not while 1 1 1 1 1 1 1 1 1	SUICIDE HOMICIDE	,	home, farm, factory, street, office bldg., etc.)		, · · · · · ·	•
OF INJURY 22. I hereby certify that I attended the deceased from 7-/-c/2, 19 4, to 19 37 that I last saw the alive on 19 4, and that death-occurred at 3:30 for, from the causes and on the date stated above. 23a. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) BUT 13 7 7-20-52 Malden Memorial Park ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CF. FUNERAL DIRECTOR'S SIGNATURE CF. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CF. FUNERAL DIRECTOR'S SIGNATURE CF. FUNERAL DIRECTOR'S SIGNATURE DOWN AT THE COUNTY OF	21d. TIME (Month)	(Day) (Year) C	Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCC	UR7	
22. I hereby certify that I attended the deceased from 7-1-01, 19 h, to 1-11-1, 19 \$\frac{7}{2}\$ that I last saw the alive on -11-1, 19 \$\frac{7}{2}\$ and that death-occurred at \$\frac{3}{2}\$: \$\frac{30}{2}\$ has, from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24d. BURIAL. CREMA- TION, REMOVAL (Repedity) 7-20-52 Malden Memorial Park Malden, Missouri' DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 428/ 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS Continued the deceased from 7-1-01, 19 h, to 10 h,	OF INJURY		MHILEAT NOT WHILE	17 op		
alive on		41.47.44	7 /	12 10 h 10 1-18	10 5 24hort 1 In	et easy the dec
23a. SIGNATURE (Degree or title) 23b. ADDRESS 24d. BURIAL. CREMA- TION, REMOVAL (Boodty) 7-20-52 Malden Memorial Park Malden, Missouri' DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 428/ 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS Control of the property of CREMATORY 24d. LOCATION (Oity, town, or county) ADDRESS 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS Control of the property of CREMATORY Control of the property of CREMATORY ADDRESS Control of the property of CREMATORY Control of the property of the property of CREMATORY Control of the property of the prope	/			2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
24/BURIAL, CREMA- TION, REMOVAL (Speeday) 7-20-52 Malden Memorial Park Malden, Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 428/ 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chapter of Park Chapter of Park ADDRESS: Chapter o		0/10			12/1/1/20	23c. DATE SI
TION REMOVAL Greedly 7-20-52 Malden Memorial Park Malden, Missouri' DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 428/25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS:	/Cabut	Chiquell	Lando Mi O	1 oplar 1	d wff. 11/2	1/30/
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS: Charles of Decimon Devices	244 BURIAL, CREMA	- 24b. DATE		· · · · · · · · · · · · · · · · · · ·	• •	7 . /
REG. 1/ 1 Ctminks and Poincy Dowton		<u>* 7-20-52</u>	: Malden Memo	<u>rial Park 1</u>		
	DATE REC'D BY LOCAL	L REGISTRAR'S S	IGNATURE 428/			
1-30-32 Wy Tr. Whysou	7-30 -521	" Was de	Col and	Strickland=Ra	ainey <u>Dex</u>	ter, Mo
(Licensed Embalmer's Statement on Reverse Side)	1 30 30	10000	myou			

RECEIVED AUG 6 1952 ER CO. HEALTH CENTER

				_
TATEMENT	RY	LICENSED	FMRAI	MER :

•	•		: *	
I hereby certify that the body w	hose name is recorded on the	e reverse side of this c	certificate was embalmed by me,	or-by
		***************************************	-Student-Embalmer-How	
vorking under my personal supervis	ion.		1 - H-11	
				/ /

Student Student Embalmer

Licensed Embalmer No.

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.