STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATE OF DEATH SEE. DIST. NO. 3 25 PRIMARY REG. DIST. NO. 4480 Registers' No. STANDARD CERTIFICATE OF DEATH SOUTHLY SCHOOL OF DEATH B. COUNTY SCHOOL OF DEATH B. COUNTY SCHOOL OF DEATH C. CITY CII coldate corporate transporture a STANDARD STAY the short of TOWN G. FILL IMME OF CITY and in baseland or institution, early direct address or boundard. G. FILL IMME OF CITY and in baseland or institution, early direct address or boundard. G. STREET ADDRESS G. COUNTY SCHOOL OF CITY OF THE ADDRESS (CITY OF STANDARD) B. CAUSE OF BEATH B. CAUSE OF BEATH B. CAUSE OF BEATH B. CAUSE OF DEATH B. CAUSE OF BEATH B. CAUSE OF BE	HALLOND NO.		THE DIVISION OF HE				3903
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INJURY WORK NOT WITH THE ST WORK 2. I hereby certify that I attended the deceased from LEPT // 1952, to Sept // 1952, that I last saw the decease alive on Lept // 1952, and that death occurred at Pr. m., from the causes and on the date stated above. 23. SIGNATURE (December of this) 23. ADDRESS ALLOCATION (Only, town, or county) (Blade) (Blade) (Blade) (Blade) (Blade) (Blade) (Children) (Blade) (Children) (C		(Day) (Year)		2H. HOW DED INJUR	Y OCCUR?		•
alise on sepet 16, 1952, and that death occurred at 4 pc m., from the causes and on the date stated above. 22. SIGNATURE R. Vaugha. D.O. Zib. ADDRESS AB. BURIAL. CREMA AB. BURIAL. CREMA TOP, REMOVAL ABOVED SAN SIGNATURE ADDRESS AND PLAN BURIAL. CREMA ADDRESS ADD	OF '		- WHILE AT MOT WHILE	II			
alise on Legat 6, 1952, and that death occurred at 7 th m., from the causes and on the date stated above. 22. SIGNATURE R. C. Laugha. D. O. Lancale, M. 22. DATE SIGNE PAR. BURIAL CREMA AND DATE PAR. BURIAL CREMA AND DATE PAR. RAME OF CEMETERY OR CREMATORY AND LOCAL REGISTRAR'S SIGNATURE DATE RECU BY LOCAL REGISTRAR'S SIGNATURE PAR. BURIAL DIRECTOR'S SIGNATURE PAR.	2. I herebu certifu	that I attended	the deceased from Supply		•		
PAR. SIGNATURE R. E. Vaugha. D.O. Laneader, Mo 9/17/5 PAR. BURIAL. CREMA 2010. DATE 24C. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Biaba) THOR REMOVAL (Books) Sep. 1/6-5-2 200. DF DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 33-1 25 TUPE PAIL DIRECTOR'S SIGNATURE ADDRESS 9-22-5-2 4 44 18 Head Vienuty Oriel Orman Sameader Min		 //	12, and that death occurred at		the causes and on th		
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9-22-5 2 Quenta Heal Deputy Driel / Tormon Jancaris Mo	Queis!	X		·/		alle 1	
	KRE		SIGNATURE 333-1	DIAL.	1) / Joins	n Janea	ilisto
		· CLEAN	(Licensed Embulgate's	Statement on Reverse S	ide)		

working under my personal supervision.		
	Signed Ack h. Wesley	
Student Embalmer	111	10

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______

P. O. Address 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.