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2. Thereby pertify that I attended the deceased from the 19, 1953 to the author 22, 1953, that I last saw the deceased alive operation 22, 1953, and that death occurred at 30.1 m., from the causes and on the date stated above. 38. SIGNATURE AS. BURTAL CREMA AS. BURTAL CREMA 240. DATE 240. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 250. ALL REGISTRAR'S SIGNATURE 250. FUNERAL DIRECTOR'S SIGNATURE	OF \//~	17 1055	WHILEAT NOT WHILE	zir. HOW DID INJURY	J //	Gen.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF A C 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS San-21-53 Florence address Signature 2/8 Solicition			24c. NAME OF CEMETER	Y OR CREMATORY 2	24d LOCATION (Oity, town,	
Jan-26-53 Florence adam Silman Duning 218 Still Clinian	Pusial	, _	ATURE TARRELE	S FUMERAL DIRECT	100's signature	ADDRESS
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Y LICENSED EMBALMER
e reverse side of this certificate was embalmed by me, or by
Signed Nobest L Dunning
Licensed Embalmer No. 4510.

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.)

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