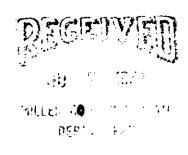
בווברו ווווא	14 1954	THE DIVISION OF HE			16650
Liften JOIN	14 1934 S	TANDARD CERTIF	ICATE OF DEA	TH State F	ile No
BIRTH NO.	RE(6. DIST. NO. 2/3_	PRIMARY REG. DIST.	8001	rar's No. la 54
I. PLACE OF DE. a. COUNTY	MILLO	- R	2. USUAL RESIDE	NCE (Where deceased live	Deloid
DR TOWN PURP	PL-SLAZ	and give c. LENGTH OF STAY (in this place)	C. CITY OR TOWN RURA	L BRUMLey	d. Is Residence within limits of a city or incorporate fown?
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institution of the contraction of the contracti	on, give street address or location) — TBR4mLe4	ADDRESS /ム	(If rural, give location)	Rumbeyo
NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	ALbertso	/ NE A	Month) (Day) (Year) A4 21 1457
MALC OF	COLOR OR RACE 7. N	MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9. AGE (In years last birthday)	
Oa. USUAL OCCUPATION demandaring most of work ARM C		KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (GE)	y and State of Foreign Count	12. CITIZEN OF WHAT COUNTRY?
AMES-A	·	13b. MOTHER'S MIDEN	MILLER	14. NAME OF HUGGAND	GAT-ALbertSON
	ER IN U.S. ARMED FORCI		17. INFORMANT'S LENA-AL	SIGNATURE OR NA	BRUMLEY M
18. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c)	I. DISEASE OR CONDIT	TION DEATH*(a)	CERTIFICATION	nfoaia	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of sping, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.	ANTECEDENT CAUSES Morbid conditions, if as rise to the above cause (to the underlying cause last 11. OTHER SIGNIFICAN	ny, gioing DUE TO (b)	Luice	Buris	Gens
	Conditions contributing related to the disease or c	to the death but not ondition causing death.	·	**	
19a. DATE OF OPERA- TION	196. MAJOR FINDINGS			4201	20. AUTOPSY?.
Pla. ACCIDENT SUICIDE HOMICIDE	home, f	ACE OF INJURY (e.g., in or about arm, factory, etreet, office bldg., etc.)	NO NE	OWNSHIP) (COL	INTY) (STATE)
21d. TIME (Month) OF INJURY	Ne .	1 1101111 1 111 1111 1111	NONE	OCCUR?	
22. I hereby certify	that I attended the de	nd that death occurred at/		tauses and on the da	at I last saw the deceased te stated above.
234. SIGNATURE	Humal	(Degree or title)?		bia- Me	23c. DATE SIGNED
24a. BURIAL, CREMA TION REMOVAL (Speak)	24b. DATE	1 Pubine		MILLER-	cq- (State)
DATE REC'D BY LOCA	L REGISTRAR'S SIGNA	7 /2 ·	25 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS
5/24/54 REG		Hawking	Reith	mkan	S ELDON



STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai

I hereby certify that	the body whose	e name is	s recorded	on the	reverse	side	of this	certificate	was	emt
hu ma au hu						C+	dest E	mbalman N	í	

working under my personal supervision..

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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