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21a. ACCIDENT SUICIDE (Boselly) 21b. PLACE OF NJURY (e.g., in or abovet SUICIDE HOMICIDE (Day) (Tour) (Elour) street, office bidg., etc.)  21d. TIME (Mostb) (Day) (Your) (Elour) 21e. INJURY OCCURRED WHILE AT NOT W	19a. DATE OF OPERA-			( de les	180 X	_ ~
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22. I hereby certify that I attended the deceased from 7-4, 164, to 7-14, 1954, that I last saw the decease alive on 7-14, 1964, and that death occurred at 12, 22 m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 7 23b. ADDRESS  24a. BURIAL. CREMA- 24b. DRIE  24c. HAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State)  124. HAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State)  125. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	21d. TIME (Meath)		WHILEAT [ NOT WHILE ]	21f. HOW DID INJURY OCC	CUR?	
24e. BURIAL, CREMA- TION, REMOVAL (Bowler)  DATE REC'D BY LOCAL REGISERAR'S SIGNATURE  (Degree or title)  24c. MME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State)  DATE REC'D BY LOCAL REGISERAR'S SIGNATURE  (ADDRESS  CHAPTER COMMENT OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State)  DATE REC'D BY LOCAL REGISERAR'S SIGNATURE  (ADDRESS  CHAPTER COMMENT OF CEMETERY OR CREMATORY  25c. DATE SIGNAT  (Blate)  124d. LOCATION (City, town, or county)  (State)  125c. DATE SIGNAT  (Blate)  124d. LOCATION (City, town, or county)  (State)  125c. DATE SIGNAT  (State)  125c. DATE	22. I hereby certify	that I allended the de	ceased from 7-4	15V, to 7-1		
24s. BURIAL, CREMA- 24b. DETE 24c. MAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TICH, REMOVAL (BOME) 7-16-54 Laure Oak Undser Massauri DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE 42 TO - 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SULLY-18-54 LOVENCE CLOSE HUNTER WILLIAM WILLIAM WILLIAM WILLSON ME		alland			mo	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISERAR'S SIGNATURE 42 THE - 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS MULLSON MULLSON MILES OF THE COUNTY WILLSON MILES OF THE COUNTY WILLON MILES OF THE COUNTY WILLON MILES OF	24s. BURIAL. CREMIN TION, REMOVAL (Bandle)		24c. HAME OF CEMETER	TY OR CREMATORY   24d.	LOCATION (City, town, or cont	<del></del>
(I lorged Embelmer's Statement on Reverse Side)	Vairies.	7.100	URE 40292	25 FUNERAL DIRECTOR	'S SIGNATURE , A	DORESS Dr.
	July-18-	34 of lorg	(ligged Entellement	Statement on Personal Side	urner, wa	every vill

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
	Student Embalmer No
corking under my personal expensions	

orking under my personal supervision.

Student Embalmer

Licensed Embalmer No. 46

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.