STANDARD CERTIFICATE OF DEATH State File No						alth of Misso			63.63.6	-
BIRTH MO. 69 77 5 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 12 IX Registrar' No. 47 I. FLACE OF DEATH COUNTY SUMMAN AND	No. 300	דמס מלוול	1 2 1074	STANDAR	D CERTIF	ICATE OF DE	ATH	State File No	<u>30,</u>	397
T. PLACE OF DEATH a. COUNTY C. CITY (If outside proportia limity from a RUNAL and either the control of the county of the coun	10.40	/ 9 c		/ <u></u> reg. dist. No.	131	PRIMARY REG. DIST	г. но. <u>421</u>	•	11 7	
a. COUNTY Security and provents intelligentian RUBAL and given to the country of			TH			2. USUAL RESI	DENCE (Where			sidence before
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(Type or Priate) (Type or Pri	RE	3. NAME OF DECEASED	a. (First)	b. (M	(iddle)	c. (Last)	66	ATE (Month)	(Day)	(Year)
13a. FATHER'S MANE	Ę	(Type or Print)	JOHN	/H0	OMAS.	CLAX			2	1954
13a. FATHER'S MANE	INE	Male 1	COLOR OR RACE	TAIDOMED, DIVO	RCED (Specify)	Leat 28				
13a. FATHER'S MANE	ERM.			10b. KIND OF BUS	DUSTRY	11. MRTHPLACE	City and State or F	oreign Country)	COUNT	EN OF WHAT
S. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY (No. no. or unknown) (II year, sire was or dates of service) 16. SOCIAL SECURITY (No. no. or unknown) (II year, sire was or dates of service) 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. CAUSE OF DEATH 19. CAUSE OF DEATH 19. CAUSE OF CONDITION 19. CAUSE OF CAUS	1	13a. FATHER'S NAME		136, мот	HER'S MAJIDEN	NAME,	14! NAME OF	HUSBAND OR WIF	E	
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the underlying cause late: Due to (c)	< 1	the mode of dying, such	i rise to the above	cause (a) staring	TO (b)				-	
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21a. ACCIDENT (Breedly) 21b. PLACE OF INJURY (s.e., in or about home, farm, factory, street, office bidg., stan) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK 22 I hereby certify that I attended the deceased from 10-2, 19-19, to 10-2, 19-19, that I last saw the deceased alive on 10-2, 19-19, and that death occurred at 34 m., from the causes and on the date stated above. 22a. SIGNATURE 22a. BURIAL. CRENA 24b. DATE 22a. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 22b. ADDRESS 22c. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 22c. FUNERAL DIRECTOR'S SIGNATURE 22c. FUNERAL DIRECTOR'S SIGNATURE 22c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	FΔ		·						TOPSY?	
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22. I hereby certify that I attended the deceased from 10-2, 10-15, to 10-2, 19-5, that I last saw the deceased alive on 10-2, 19-25, and that death occurred at 3.4 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 24a. BURIAL CREMA- 24b. DAJE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) DAJ, RECO BY LOCAL REGISTRAR 9 SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	-usi	21d. TIME (Mosth) OF INJURY	(Day) (Year)	WHILEAT	NOT WHILE (21f. HOW DID INJU	RY OCCUR?			
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19 at 3 REG by Local REGISTRAR & SIGNATURE Office Office Survey Sustan Survey Survey Andress No.	VRIT	24a. BURIAL, CREMA TION, REMOVAL (Bands)	24b. DATE	-5 4 24c. NAV	ILARE C	Y OR CREMATORY Kek	24d. LOCATION	201 Th	nty) <i>USC</i>	(State)
(Licensed Embalmer's Statement on Reverse Side)	₽	DATE RECTO BY LOCAL	REGISTRAR'S	SIGNATURE)432.	25: FUNERAL DIR	ECTOR'S SIGNI	Truels	DDRESS	ho
				(Licens	ed Embalmer's	itatement on Reverse	Side)		-	

t wereng certify district body whose makes is recorded on the	C 1010110 Dicc of 1212 .				
97-17-001-17-00-06-16-47-18-18-18-18-18-18-18-18-18-18-18-18-18-		Student	Embalmer	Xo	
orking under my personal supervision.	•		•	,	
, Marana	Signed Mr	Oliver	. 74	Zurnen	

STATEMENT BY LICENSED EMBALMER

the above constitutes grounds for revocation of license.)

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