

FILED NOV 29 1954

STANDARD CERTIFICATE OF DEATH

38629 State File No. 10418 Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

Form with sections: I. PLACE OF DEATH, 2. USUAL RESIDENCE, 3. NAME OF DECEASED, 4. DATE OF DEATH, 5. SEX, 6. COLOR OR RACE, 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH, 9. AGE, 10a. USUAL OCCUPATION, 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE, 12. CITIZEN OF WHAT COUNTRY, 13a. FATHER'S NAME, 13b. MOTHER'S MAIDEN NAME, 14. NAME OF HUSBAND OR WIFE, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO., 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS, 18. CAUSE OF DEATH, MEDICAL CERTIFICATION, 19a. DATE OF OPERATION, 19b. MAJOR FINDINGS OF OPERATION, 20. AUTOPSY?, 21a. ACCIDENT SUICIDE HOMICIDE, 21b. PLACE OF INJURY, 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE), 21d. TIME OF INJURY, 21e. INJURY OCCURRED, 21f. HOW DID INJURY OCCUR?, 22. I hereby certify that I attended the deceased from... to..., 23a. SIGNATURE, 23b. ADDRESS, 23c. DATE SIGNED, 24a. BURIAL, CREMATION, REMOVAL, 24b. DATE, 24c. NAME OF CEMETERY OR CREMATORY, 24d. LOCATION, 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence J. Deven*.....

Licensed Embalmer No. *3988*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.