FILED AUG 6 - 1956  STANDARD CERTIFICATE OF DEATH  SISTEM NO.  REG. DIST. NO. 137  PRIMARY REG. DIST. NO. 1218. Registers' No. 229  L. PLACE OF DEATH  L. COUNTY H. C. NY  D. CITY Of entoids corporate Disb., write EURAL and give the state of the state of the price o	II DIEDINA	_ •	THE DIVISION OF HE			23499
1. FIACE OF DEATH  a. COUNTY  b. CITY OF conside corporate libra, write BURAL and give  TOWN  1. A S. AY  c. CITY  TOWN  1. A DATE  (Month)  1. A DATE  (Month)  1. DATE  (Month)  1. A DATE  (Month)  1. A DATE  (Month)  1. DATE  (Month)  1. DATE  (Month)  1. DATE  (Month)  1. A DATE  (Month)  1. DATE  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)	FILED AUG 6	- 19 <b>5</b> 6	STANDARD CERTIF	CATE OF DEATH	State File No	
B. COUNTY  b. CITY (If coulded components littless, writes BURAL and gives  b. CITY (If coulded components littless, writes BURAL and gives  c. C. ENGTH OF  TOWN  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated or regulated)  d. FURL NAME OF (If one to boughtal or institution, give street address or regulated or regul	BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 42	18_ Registrar's No	229
b. CITY of coulds corporate libbs, write BURAL and give to b. CITY (1) and south corporate libbs, write BURAL and give to the towards)   C. LENGTH OF TOWN   1) A S AY   1 A S A		TH		2. USUAL RESIDENCE	Where deceased lived. If in	
D. CITY OF COUNTY OF COUNTY OF COUNTY ON TOWN WITH DUBLAN COUNTY OF COUNTY ON TOWN WITH COUNTY OF COUNTY ON TOWN WITH COUNTY OF COUNTY ON TOWN WITH COUNTY ON THE COUNTY ON TOWN WITH COUNTY ON THE COUN		N V II				Ш
TOWN   I. A S. D.Y   Commission   S. M. (as this places)   TOWN   I. N. A.S. D.Y   O'	b. CITY (If outside cor		RURAL and give   C. LENGTH OF		40 A 10 B	esidence within limes of
d. FILL NAME OF (If each is begind or leastration, give street address or logatop)  3. NAME OF (If each is begind or leastration, give street address or logatop)  3. NAME OF (If each is begind or least to the least of the leas	TOWN Win	dsor	township) STAY (in this place	TOWN WINDS	or of o v	y or incorporated town?
INSTITUTION    DATE   D	HOSPITAL OR	If not in hospital or		ADDRESS A	give location)	
5. SEX	INSTITUTION	<u> </u>	istean St.	<u>  (1) a n i</u>		reet
S. SEX 4. 6. COLOR OR RACE 7. MARRIED, REPER MARRIED, WINDOWS, DISTRY F. CO. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		a. (First)	b. (Middle)	c, (Last)	OF	(Day) (Year)
The LUSING COLUMN TON CONTROL of each of the dome during most of withing life, were it extend)  100. KIND OF BUSINESS OR IN.  110. LIFER SHAME  111. BIRTHPLACE  (City and State or Foreign Country)  112. CITIZENOF W.  COUNTRY  113. FATHER'S NAME  114. Note of MUSAND'OR WIFE  115. NATHER'S NAME  115. NATHER'S NAME  116. SOCIAL SECURITY  117. INFORMANT'S SIGNATURE OR NAME  118. CAUSE OF DEATH  119. CAUSE OF		ulla.	<u> </u>	dwards		<u> </u>
18. CAUSE OF DEATH Enter only announce per line for (a), (b), and (c)  "This does not mean the disc as he above course (a) station from which caused death, filter as he are here from which coursed death from which coursed death  I. OTHER SIGNIFICANT COODITION  218. ACCIDENT  (I) see, large the many complication of the death but not right from which caused death.  199. DATE OF OPERAN  10. OTHER SIGNIFICANT COODITION  218. ACCIDENT  (B) DATE OF OPERAN  (C) DATE OF OPERAN  (C) LI SEASE  (C)		COLOR OR RACE	7. MARRIED, NEVER MARRIED./ WIDOWED, DIVORCED (Specify)		9. AGE (In years if tings last birthday) Months	RIYEAR IF UNDER 21   Days   Hours   M
DUSTRY  HOUSE WIFE  138. FATHER'S NAME  PIA = C II NO W I SOUNT I TECHNI II SOUNTER'S MAIDEN NAME  NO WAS COUNTY TECHNI II SOUNTER'S MAIDEN NAME  PIA = C II NO W I FE II SOUNTER'S MAIDEN NAME  NO WAS COUNTER'S MAIDEN NAME  NO WAS COUNTER'S MAIDEN NAME  II NAME OF HUSBAND'OR WIFE  FASTEY FOUNTER'S MAIDEN NAME  ADDRESS  16. SOCIAL SECURITY NO.  MEDICAL GERTUPCATION  MEDICAL				<del>-   -   -   -   -   -   -   -   -   -</del>	1 85 1	!
13a. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   14. NOTE OF MUSBAND OR VIFE   15. NOTE OF MUSBAND OR VIFE   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRES   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRES   18. CAUSE OF DEATH   Enter only concenuso per lime for (a), (b), and (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH'(a)   ACCUPANT OCCURS   ONE of dying, such as heart fallure, eathenia, state. It is to be above couse (c) stating   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRES				11. BIRTHPLACE (City and Sta	te or Foreign Country)	12. CITIZEN OF WI
15. WAS DECEASED EVER IN U.S. ARMEDICONCES? (16. SOCIAL SECURITY (17. INFORMANT'S SIGNATURE OR NAME ADDRES (17. W.), or control of the state of th	Ноизец	ife.		Wilson County	Tenn.	
S. NAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRES	13a. FATHER'S NAME				ME OF HUSBAND OR WI	FE .
Comparison   Com	1 Pla > e	Hiale	uakkapw	n F	oster Edwa	rds Winds
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, ruch as heart felliure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT TION  21b. MAJOR FINDINGS OF OPERATION  21c. INJURY (c.g., in or about bome, farm, factory, street, office bidge, sea) HOWICIDE  21d. TIME (Mounth) 19b. MAJOR FINDINGS OF OPERATION  21e. INJURY OCCURRED 18d. I attended the deceased from 19b. 19b. MAJOR FINDINGS OF OPERATION  21c. INJURY OCCURRED 18d. I attended the deceased from 19b. 21c. INJURY OCCURRED 21d. TIME (Mounth) 22d. I hereby certify that I attended the deceased from 19b. 22d. DATE OF OPERA- 18d. I attended the deceased from 19b. 22d. DATE OF OPERA- 18d. I attended the deceased from 19b. 21c. INJURY OCCURRED 22d. Time (Mounth) 22d. DATE OF OPERA- 22d. DATE	15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?   16. SOCIAL SECURITY	17. INFORMANT'S SIGN	ATURE OR NAME	ADDRES
DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH*(a)   A cute (	N O O	Am' KIAA AST OL GFF	MO.	Mys. Lock	eu Clau	Windson !
Interfor (a), (b), and (c)  This does not mean the mode of giving, such as heart failure, eathenia, if any, giving DUE TO (A) They to Scler offic with as heart failure, eathenia, it. It means the discesser, injury, or complication which caused dath.  The Major Findings of OPERATION  21a. ACCIDENT  Chaditions contributing to the death but not related to the discess or condition counting death, bottoms, farm, factory, street, office bidge, sea, planting of the death of the discess or conditions, arm, factory, street, office bidge, sea, planting of the death of the discess or conditions, arm, factory, street, office bidge, sea, planting of the death of the discess or conditions are contributed to the discess or conditions are contributed to the discess or conditions are contributed to the discess or conditions counting death,  19a. DATE OF OPERATION  21b. MAJOR FINDINGS OF OPERATION  21c. INJURY (s.e., in or about bidge, sea, planting of the bottes, street, office bidge, sea, planting of the death of the discess or conditions, arm, factory, street, office bidge, sea, planting of the death of the discess of the bidge, sea, planting of the death of the discess or conditions, arm, factory are contributed and the death occurred at the death of the death occurred at the death occurred	18. CAUSE OF DEATH			ERTIFICATION		INTERVAL BETWE
**This does not mean the mode of \$fting, such as heart failure, asthemia, it. It means the discount for countributing to the above count (a) dating .  **This does not mean the mode of \$fting, such as heart failure, asthemia, it. It means the discount for countributing to the death of the underlying cause last.  **DUE TO (c) **DUE TO (c) **DUE TO (c) **In the underlying cause last.  **DUE TO (c) **DUE TO (c) **In the underlying cause last.  **DUE TO (c) **DUE TO (c) **In the underlying cause last.  **In cases the discount for countributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the death but not related to the discase or conditions contributing to the dea		I. DISEASE OR O	CONDITION DING TO DEATH (a)	te l'orgnaru ()	Celusiak	
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the mode of graph, such as heart follure, exthenial, etc. It means the discose, injury, or complication which caused death.  DUE TO (c)  DUE TO (c)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Specify)  SUICIDE (Specify)  21b. PLACE OF INJURY (e.g., ha or about to make the country)  21d. TIME (Month) (Day) (Year) (Hoar)  21e. INJURY OCCURRED WHILE TO MY WHILE TO NOT WHILE WORK AT WORK A	11	ANTECEDENT (	CAUSES	eriosclerotic x	<b>~</b>	13E1
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County   C	etc. It means the dis-	the underlying o		hurer lens iv	e tte ait Dic	ebs'c
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TION  218. ACCIDENT SUICIDE SUICIDE HOMICIDE  210. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  211. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  212. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  213. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  214. Time OF INJURY  215. INJURY OCCURRED WHILE AT NOT WHILE WORK  216. INJURY OCCUR?  217. HOW DID INJURY OCCUR?  218. HOW DID INJURY OCCUR?  219. HOW DID INJURY OCCUR?  2210. HOW DID INJURY OCCUR		related to the dis	ease or condition causing death.		· · · · · · · · · · · · · · · · · · ·	1 00 4170000
21a. ACCIDENT (Specify)  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Elour)  21e. INJURY OCCURRED OF INJURY OCCURRED  OF INJURY  22. I hereby certify that I attended the deceased from 8-20  23a. 96 NATURE  23a. 96 NATURE  24a. BURIAL, CREMA-  TION, REMOVAL (Specify)  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  21b. PLACE OF INJURY (e.g., in or about bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. HOW DID INJURY OCCUR?  (Degree or title)  (Day of the date stated above.  22a. DATE SIGN  (Degree or title)  (Day of the date stated above.  23c. DATE SIGN  (Day of the date stated above.  24a. BURIAL, CREMA-  TION, REMOVAL (Specify)  (Day of the date stated above.  24b. DATE SIGN  (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21c. (CITY, TOWN, OR TOWNSHIP)  (Day of the date stated above.  21c. (CITY, TOWN, OR TOWNSHIP)  (Day of the date stated above.  21c. (CITY, TOWN, OR TOWNSHIP)  (Day of the date stated above.  22c. DATE SIGN  (Day of the date stated above.  23c. DATE SIGN  (CITY, TOWN, OR TOWNSHIP  (Day of the date stated above.  23c. DATE SIGN  (Day of the date stated above.  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State day of the date stated above.  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State day of the date stated above.  25. FUNCTION (CITY)  (Day of the date stated above.  25. FUNCTION (C	19a. DATE OF OPERA-	196. MAJOR FII	NDINGS OF OPERATION	•	11000	20. AUTOPSY?
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21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. Hot I last saw the decean of the date stated above.  22a. SPANATURE (Degree or title) (Degree	21a. ACCIDENT SUICIDE	(Specify)		21c. (CITY, TOWN, OR TOWNSHI	P) (COUNTY)	(STATE)
WHILE AT WORK  22. I hereby certify that I attended the deceased from 8-20  alive on July 1956, and that death occurred at 2 mm, from the causes and on the date stated above.  23a. SPENATURE  (Degree or title) (Degree or title) (Degree) (Degree or title) (Degree)			The Indian occupers	314 HOW DID INTERV OCCURS		
22. I hereby certify that I attended the deceased from 8-20  alive on Tuly 14, 1956, and that death occurred at 2 mm, from the causes and on the date stated above.  23a. 985 NATURE  23a. 985 NATURE  23a. BURIAL, CREMA  23b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  24d. LOCATION (City, town, or county)  25d. DATE RECTO BY LOCAL  25 FUNERAL GRECTOR'S SIGNATURE  25 FUNERAL GRECTOR'S SIGNATURE  26 ADDRESS  27 ADDRESS  26 ADDRESS  27 ADDRESS  28 ADDRESS  28 ADDRESS  29 ADDRESS  29 ADDRESS  29 ADDRESS  20 ADDRESS  21 ADDRESS  25 ADDRESS  26 ADDRESS  27 ADDRESS  28 ADDRESS  29 ADDRESS  20 ADDRESS  21 ADDRESS  25 ADDRESS  26 ADDRESS  27 ADDRESS  28 ADDRESS  28 ADDRESS  29 ADDRESS  20 ADDRESS  29 ADDRESS  20 ADDRESS  20 ADDRESS  21 ADDRESS  25 ADDRESS  26 ADDRESS  27 ADDRESS  28 ADDRESS  29 ADDRESS  20 ADDRESS  21 ADDRESS  25 ADDRESS  26 ADDRESS  27 ADDRESS  28 ADDRESS  29 ADDRESS  20 ADDRESS		(INEA) (XANS)	WHILE AT   NOT WHILE	Zii. How Did Mack! Occor?		
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24a. BURIAL. CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State Tion, removal (Specific) Quiq. 2 195b Liquye Oa. K.S. Windsay, Missauye Date rect By Local Register's Signature 25. Funeral Grector's Signature Address Windsay Windsay		Tuncingos				
DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE Bigum Ellist Guston Winds	alive on IM	14, 195	, and that death occurred at	ma from the cause		ed above.
TION REMOVAL ABOURTS QUI Q. 2 1956 LIQUYE DATE RECTOR'S BIGNATURE ADDRESS SIGNATURE BIGUM Eller Grector's BIGNATURE ADDRESS Windard Bigum Eller Quiton Windard	zsa. 90 WATURE	10 Y	, and that death occurred at	ma from the cause		ed above.
8-1-36 Mildred Bigum Eller Guston Winds	23. SCHATURE	<u>ец 14, 195</u> Le M	2 and that death occurred at (Degree or title)	23b. ADDRESS Und	and on the date state.	ed above.    23c. DATE SIGN   7- 3/-
8-1-36 Mildred Begun Eller Muston Winder	23a. 905 NATURE  24a. BURYAL, CREMA TION, REMOVAL (Speeds)	le 77, 195	24c. NAME OF CEMETER	23b. ADDRESS RY OR CREMATORY 24d. LOCA	and on the date state.	ed above.  23c. DATE SIGN 7-3/-  anty) (State
(Licensed Embalmer's Statement on Reverse Side)	Z4a. BURIAL. CREMA TION. REMOVAL (Specific	le M. 195 24b. DATE Quà. 2	24c. NAME OF CEMETER 1956 Lauye 0	Propries Prom the cause 23b. ADDRESS  RY OR CREMATORY  24d. LOCA  2   S   Wine	and on the date state.  No.  ATION (City, town, or con	ed above.    23c. DATE SIGN   7-3/-   mty) (State
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## STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

a f

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

Eleden Lund

Licensed Embalmer No

P. O. Address China

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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