FILL NAME OF DEATH		- <u>,</u>		HEALTH OF MISSO			12639
REG. DIST. NO. PRIMARY REG. DIST. NO. According to the control of	FILED MAY	1 - 1957	STANDARD CER	TIFICATE OF DE	ATH	State File No	
PLACE OF DEATH COUNTY DE	BIRTH NO.	<u> </u>	_ REG. DIST. NO. 99	PRIMARY REG. DIST.	NO.4166	. Registrar's No.	33
D. CEPF (II counted corporate limits, write BUBAL and every TOWN A COUNTY OF	1. PLACE OF DEA	ΥH		11	DENCE (Where dec		
b. CHEY III exists sometic limits, write RUBAL and every to Tree address of Town of the property of the proper	a. COUNTY DE	= KAI b		a. STATE	<u>u </u>	b. COUNTY	
DECEMBED 1. (First) 1. (Firs	<u> </u>	rourate limits, write Ri		nlace) OR	THERKY	d. li. Re	eidence within limits of or incorporated town?
DECEMBED 1. (First) 1. (Firs	HOSPITAL OR	41	stitution, giv street address or locat	. STREET ADDRESS	(If rural, give locat	ion)	2300
Type or Print) SEX SEX SCOCUPATION (Give sind of each of make) MIDOWED, Ober Capacity MIDOWED, Ob	NAME OF		b. (Middle)	c. (Last)	4. DAT	E (Month)	
SEX SCOLOR OR RACE 7. MARRHEEF, NEWER MARKERO- 8. DATE OF BIRTH 9. AGE Its year'n process it risks Bounn 101. 2. MI A 1. Month		2442	X W K	FAN	\		
A CAUSE OF DEATH Interest of symbol and the control of symbol and the	5. SEX 1 6-	COLOR OR RACE	7. MARRIED NEVER MARRIE	9. 2 8. DATE OF BIRTH		(In years) IF ENDER	I YEAR IF UNDER 14 HES.
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AND TROY COMB Weather by Clay Comb Ones And Death Ones An	WAS DECEASED EVE	P TN II S ARMED E		TTY 17 INFORMANT	'S SIGNATURE	OR NAME	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCAL ム・タムーイフ REG		DOM DAME	John 1	Larran L	MAX	SVILLE
	<u>~ ~ ~ ~ ~ </u>	HAMMY /	(Licensed Embalm	er's Statement on Reverse Si	ide)		

STATEMENT BY LICENSED EMBALMER

Signed

working under my personal supervision..

Signature of Student Embalmer

Student...

OOO

Licensed Embalmer No

P. O. Address

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