| 1 | Registrati | 141960 on District No | 291 | Prim | nary Registration | District No. 2 | 433 | Registrar's No. | 29 | | STATE | FILE NU | MBER | |
|--|--|--|---|---|---|---------------------------|---|--|--|---------------------------------------|--|--|--------------------|----------------------------|
| _ = | | | | | | | | USUAL RESIDEN | ICE (Where dee | anned live | 4 14 : | 414414 | Danielanea | hafa |
| | 1. PLACE OF DEATH a. COUNTY Dittory | | | | | | ll ll | . STATE | | DUNTY | | | admiss | |
| 1- | b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b | | | | | | in 1b | c. CITY | <u> </u> | <u>_</u> | utna | 9.III | Inside | Limits |
| ı | OR TOWN | | | | | | - | OR TOWN 1100 | ionvill | ١٥ | | | Yes 🔀 | No 🗆 |
| I - | c. FULL NAME OF (If NOT in hospital, give location) Inside Limits | | | | | | | d. STREET | <u>ionvil</u> | cutside, g | ive location | оп) | Reside o | |
| ı | | SPITAL OR STITUTION | Ambulan | ice oi | n stree | t Yes □XI | No □ ┃ | ADDRESS | ity | | | | Yes 🗆 | No Æ |
| = | | E OF DECEASED |) Fir | rst | | Middle | 1 | est | 4. DATE | Mon | ıth | Day | | ear . |
| ı | (Туре | or print) | Kenne | t.h | Po | errv | Alle | ລກ | OF DEATH | 122 | <i>)</i> , , | 960 | | |
| - | 5. SEX | | 6. COLOR O | | 7. Married 3 | | | DATE OF BIRTH | 9. AGE (last | birthday) | IF UNDE | R I YEAR | IF UND | ER 24 HF |
| | 7.4 | 1 | W | | Widowed | | ··· - | 1-17-14 | | 45 | Months 4 | Days | Hours | Min. |
| - | 10a. UŞUA | L OCCUPATION | (Give kind of v | work done | 10b. KIND OF | BUSINESS OR IN | IDUSTRY 11 | . BIRTHPLACE (| | | | | WHAT CO | UNTRY |
| l | | | ng life, even if | retired) | | | | | | } | | | | |
| ١-, | 马文 13a. FATHI | tre voi | <u>rlz</u> | | 13b. M | OTHER'S MAIDE | N NAME | Putnam | | IAME OF H | USBAND | OR WIFE | | |
| | _ | | | | | Pobese | | | | | | | | |
| - | | ence A | LL en R in U.S. Armei | D FORCES? | 16. S | Rebecca OCIAL SECURITY | 9. <u>Ver</u> No. [17. | INFORMANT | UHe] | en A | llio n | | | |
| | | | yes, give war o | | ervice) | | | | | _ | | | | |
| I - | 1 18. C | AUSE OF DEATH | f (Enter only one | Cause ner | line for (a), (b), | <u>36-12-70</u> | ו ומכנ | <u>delen A</u> | llen-Ur | nony | <u> 111e</u> | `•™Q | france a | THECH |
| (Yes, no, or unknown) (It yes, give war or dates of service) 486-12-7036 Helen Allen-Unionville, Monte of the control of the c | | | | | | | | | | | | | | |
| | | FAKI I | DEATH WAS C | AUSED BY: | (.,, (.,, | and (c). | | /. | | | | 01 | ISET AND | DEATH |
| ı | | FAKI I | IMMEDIATE | | | F07 | 2 24 | U | CCIH | 5,0 | <u>, h</u> | 9 | SET AND | DEATH |
| | | PAKI II | | | | 1-67 | zry | U | ccin | 5,0 | <u>,</u> h | 3 | SET AND | DEATH & (-S |
| | | Conditi | IMMEDIATE | | CU | F07 | erg | U | ccin | 5,0 | <u>, h</u> | 9 | SET AND | E C-S |
| | | Conditi which c above | IMMEDIATE ons, if any, pave rise to cause (a), | E CAUSE (a) | CU | FO h | 2 ۲ 4 | U | CCIH | .5,0 | <u>, </u> | 9 | SET AND | DEATH E.C.S |
| | | Conditive which gabove stating | IMMEDIATE | E CAUSE (a) | <u></u> | F67 | erg | V (| CCIH | .\$.r.¢ | , h | 3 | SET AND | DEATH & C-S |
| NO | | Conditivation of the condition of the co | IMMEDIATE ons, if any, pave rise to cause (a), the under- cause last. OTHER SIGN | DUE TO (6 DUE TO (6 DUE TO (6 | | HOY | 2 - 4 | U | CCIH | \$ 1 0 |) h | eceased | was fem | E (-3 |
| CATION | | Conditivation of the condition of the co | IMMEDIATE ons, if any, pave rise to cause (a), the under- cause last. | DUE TO (6 DUE TO (6 DUE TO (6 | | fon. | 2 - 4 | U | CCIH | \$ 1 0 | II. If de there | eceased a pregnar | was fen | E LS |
| IFICATION | | Conditi which cabove stating lying | ons, if any, pave rise to cause (a), the under-cause last. OTHER SIGN disease conditions | DUE TO (b DUE TO (c DUE TO (c IFICANT CC | ONDITIONS CO | HO 9 | DEATH bu | t not related to | the terminal | S / P | II. If de there | eceased a pregnal | was fem | E - S |
| ERTIFICATION | 19. W | Condition which to above stating lying of PART I | IMMEDIATE ons, if any, pave rise to cause (a), the under- cause last. OTHER SIGN | DUE TO (b DUE TO (c DUE TO (c IFICANT CC | ONDITIONS CO | HO 9 | DEATH bu | U | the terminal | S / P | II. If de there | eceased a pregnal | was fem | E - S |
| AL CERTIFICATION | 19. W | Condition which to above stating lying of the part of | IMMEDIATE ons, if any, pave rise to cause (a), the under- cause last. OTHER SIGN disease conditions 20a. ACCIDENT | DUE TO (b DUE TO (c IFICANT CC tion given in | DONDITIONS CO | HO 9 | DEATH bu | t not related to | the terminal | S / P | II. If de there | eceased a pregnal | was fem | E - S |
| | 19. W | Condition which gabove stating lying lying PART I | IMMEDIATE ons, if any, pave rise to cause (a), the under- cause lest. OTHER SIGN disease conditions 20a. ACCIDENT | DUE TO (b DUE TO (c IFICANT CC tion given in | DONDITIONS CO | HO 9 | DEATH bu | t not related to | the terminal | S / P | II. If de there | eceased a pregnal | was fem | E - S |
| MEDICAL CERTIFICATION | 19. W P! Y! 20c. T! IN | Condition which gabove stating lying lying PART I | ons, if any, pave rise to cause (a), the under-cause (ast.) OTHER SIGN disease conditions 20a. ACCIDENT | DUE TO (b DUE TO (c IFICANT CO Ition given in SUICIDE | ONDITIONS CO | PO 9 | DEATH bu | t not related to | the terminal | S / P | II. If de there | eceased a pregnat | was femery in last | rale was 90 day. Unknow |
| | 19. w Pl | Condition which gabove stating lying a part of the condition of the condit | ons, if any, pave rise to cause (a), the under-cause last. OTHER SIGN disease conditions are conditionally as a conditional are caused last. | DUE TO (b DUE TO (c IFICANT CO tion given in SUICIDE 7, Year | ONDITIONS CO | 20b. DESCRI | DEATH bu | t not related to | the terminal | S / P | II. If de there | eceased a pregnat | was femery in last | Les wis 90 day |
| | 19. w Pl | Condition which to above stating lying of the condition o | ons, if any, pave rise to cause (a), the under-cause last. OTHER SIGN disease conditions are conditionally as a conditional are caused last. | DUE TO (b DUE TO (c IFICANT CO tion given in SUICIDE 7, Year | OF INJURY (e.g. | 20b. DESCRI | DEATH bu | t not related to | the terminal (Enter nature of | PART I | II. If de there | eceased a pregnat | was femery in last | rale wir 90 day Unknow |
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STATEMENT BY LICENSED EMBALMER

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

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

| or by | , Student Embalmer No |
|--|---------------------------|
| working under my personal supervision. | m 121/40 |
| StudentSignature of Student Embalmer | _ Signed Murl Huster, |
| | Licensed Embalmer No. 330 |

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.