	AUG 9	- /	1 4 5			,			// 1/		STATE	FILE NUMB	
۱.	Registration Dist	rict No	7.1	Primary	Registration [District No60	122_Regis	itrar's No	9.7			122 1107712	<u> </u>
[-	1. PLACE OF D	\sim					III .	RESIDENCE		_	d. If instit	tution: Res	
│ │ _	a. COUNTY	(Kay					a. STATE	// has	sure.	OUNTY	ay		admission)
	OR	ontaige coubles	te limits, give	TOWNSHIP	only)	Length of stay in	II OR		1		1		Inside Limits
I.	TŌŴN		Rich	wone	Luso	9 day	a row	-24		<u>. </u>	· · · · · · · · · · · · · · · · · · ·		es 🗋 No 🛭
	c. FULL NAM	NE OF (IF NOT . OR	in hospital, gi	ve location)	. /	Inside 12m	its d. STRE		(1	f outside, s	ive location	n) R	eside on Farn
₋	Kay INSERTUTI	onmen	orial	Hoap	tal	Yes 🗌 No	1 2m	ules (6-90	anna	<u> </u>		es 🔯 No 🗀
-	3. NAME OF D		First	<u> </u>	M	iddle	Last	4	DATE	Mor	nth	Day	Year
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-	5. SEX	6.	COLOR OR RA		Married 🔀	Never Married	~ /\ /\		. AGE (last	bir hday)	IF UNDER		F UNDER 24
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-	10a. USUAL OCC		JU 10	done 10b	. KIND OF BU	USINESS OR INDI	USTRY III. BIRTI			r country)	12. CITIZ	EN OF WH	AT COUNTRY
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recon	ded on the reverse side of this certificate was embalmed by
o <u>r_by</u>	, Student Embalmer No
working under my personal supervision.	ρ . ρ
StudentSignature of Student Embelmer	Signed Sindle Jann

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