SSOUF	RI DI	VIS	ION OF HEALTH - STANDARD CERTIFICATE OF DEAT	-61-026332
AMEND	ED	FL	poissavion District No. 297 Primary Registration District No. 3057 Registr	ar's No STATE FILE NUMBER
DATE AMENDED	-	-	b. CITY (If outside corporate limits, give TOWNSHIP niv) CR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2. USUAL a. STATE 6. CITY OR TOWN C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. STREE ADDRE	RESIDENCE (Where deceased lived. If institution: Residence before admission) Inside Limits Yes No [It (If outside, give location) Reside on Far Yes No [Yes No [
EAD OF	DOCUMENT	-5 -5 -10 -13 -15	Widowed Divorced Divo	PLACE (City and state or country) 12. CITIZEN OF WHAT COUNTS 14. NAME OF HUSBAND OR WIFE ANNA HENGELX
INSTE		MEDICAL CERTIFICATION	PERFORMED? YES NO NOTE 20c. TIME OF Hour Ann. Month, Day, Year INJURY DECLINED 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TO)	PART III. If deceased was female there a pregnancy in last 90 Pres No Unit CURRED. (Enter nature of injury in PART I or PART II of item 18.)
ITEM NO. SHOULD READ	BY AFFIDAVIT OF	23 24 10	21. I attended the deceased from 17-25-55 to 7-2 8.2/	23d. LOGATION (City, town, organism) (State) COLL REG. 26. REGISTRAR'S SIGNATURE (6) Malu Guelson

STATEMENT BY LICENSED EMBALMER

r by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Signed Selection
	Licensed Embalmer No. 466
	P. O. Address Columns

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.