5 5 0	UR	l Di	VIS	SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-61-040643$
Ał	MENDE	Ð		egistration District No. 116 Primary Registration District No. 5434 Registrar's No. 268 STATE FILE NUMBER
DATE AMENDED			-	PLACE OF DEATH
INSTEAD OF		DOCUMENT	13 15 15 (Y)	S. WAS DECEASED EVENIN U.S. ARMEDFORCES? Jo. SOCIAL SECURITY NO. 17. INFORMANTS Address P. J. INTERVAL BETWEEN ONSET ARE DEATH INMEDIATE CAUSE (a) DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
ITEM NO. SHOULD READ		BY AFFIDAVIT OF	MEDICAL CERTIFICATION	disease condition given in PART I (a)

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
vorking under my personal supervision.	D4 110/
Signature of Student Embalmer	Licensed Embalmer No. 325

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.