, " "	AIS	SC)U	RI	D	VI:	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-00000
DO NOT WRITE ON THIS STUB		A	MEN	łDEE	•	-	egistration District No. 274 Primery Registration District No. 3052 Registrat's No. 66 STATE FILE NUMBER
VS 300		ا ۾	1		l		PLACE OF DEATH a. COUNTY Dettis 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE M'S SOUR; b. COUNTY Dettis admission)
-Rev. 4/.59.	2" ** .	AMENDED		٠		- _	b. CITY (If offside corporate limits, give TOWNSHIP only) OR TOWN Sedy/14 Length of stay in 1b oc. CITY of the corporate limits, give TOWNSHIP only) TOWN Sedy/14 Yes II No
808 cs		DATE /	Ì			<u> </u>	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Both Well Hospital Yes No
3						-	1. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year OF DEATH Feb. 23. 1963
4 <i>3</i> 5 2						l _	5. SEX 6. COLOR OR RACE 7. Married Never Married 18. DATE OF BIRTH 9. AGE (last Mirthday) IF UNDER 1 YEAR IF UNDER 24 HR Widowed Divorced Divorced No. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (City and state of country) 12. CITIZEN OF WHAT COUNTRY
7 (1	SW(S						during most of working life, even if retired) Private Family & Indset Jown, MG. 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
8 2	S FOLL(OSS ROSS WELTTIE Brown John Watson Mettie Brown John Watson Mettie Brown Mettie Bro
9486X	ARE A				Į.	-	(es, no, or unknown) (If yes, give war or dates of service) None The ma Jones Seda 1.4 Mo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH
11	Iŭ I	P O			DOCUME	:	IMMEDIATE CAUSE (a) Belatical O humania 18 days
12/-0		INSTEA		_	- X -	:	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)
	ĕ					Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female we there a pregnancy in last 90 days
·	AMENDMENTS					ERTIFICA	Orlean Schulter Home Character Chara
y Q	AMEN					EDICAL C	YES NO (2) 1 20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.
CK INK						*	20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 1 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
BLACK OR RITER R		D REAL				İ	21. I attended the deceased from 1254, to 7th 23, 1943 and last saw her alive on 7th 23, 1963 Death occurred at 11130 Rum on the date stated above, and to the best of my knowledge, from the causes stated.
USE BLACH OR TYPEWRITER		SHOULD	.		IT OF		228. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNE 22c. DATE SIGNE 22c. DATE SIGNE
_		ġ	1	+	FFIDAV	-	38. BURIAL, CREMATION, 20b. DATE 225. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Semoval (Specify) Feb. 26 / 963 CYOWIN hill Annex Cem. Sed 3 / 963 CYOWIN hill Annex Cem. Sed 3 / 963 MO-
		TEX			BY A		FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE FOR THE PROPERTY OF THE PROPER

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Muse Whander
Signature of Student Embalmer	
•	Licensed Embalmer No. 42145
	P. O. Address John M.

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.