					BLIG HEALTH AND WELFARE	•					
DO NOT WRITE		AMENDED			Registration District No	_					
ON THIS STUB					I. PLACE OF DEATH 7/ 2 1964 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before						
VS 300	8	-			a. COUNTY HONKY admission)						
Rev. 4/59	ENDED				b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR OR OR OR	_					
1 84 2 2	ΑW				TOWN C/INTOW YES AND C. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give, location) Reside on Farm						
² 0425	DATE				HOSPITAL OR INSTITUTION /// E C/INTON Stres No ADDRESS /// E C/INTON Stres No No D						
3]	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) Christopher A Harris DEATH Abril 18-1968	_					
<u>4</u> 0		İ			5. SEX 6. COLOR OR RACE 7. Married Never Married 8, DATE OF BIRTH 9. AGE (last birifiday) IF UNDER 1 YEAR IF UNDER 24 IF						
5 /)					10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, (City and state or country) 12. CITIZEN OF WHAT COUNTRY						
6 S					during most of working life, even if retired)						
7 0					13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	_					
8 2 0					1/ENNCTH TAFKIS (10xCEVU00A5) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT // Address /// F C//NTO	<u>_</u>					
30, 20 M					(Yes, no, or unknown) (If yes, give war or dates of service)	۲,					
10				MENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH	1					
	씽			OM	IMMEDIATE CAUSE (a) Q CUTE Scpt I Cem 1a 18 hrs	_					
<u></u> <u>Q</u>				log l	were the man hilical intaction of Anne						
1290-20	IS I				Conditions, if any, which gave rise to above cause (a),						
13/- D =	\Box	+	╁	-	stating the under- lying cause last. DUE TO (c)	_					
0					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 very disease condition given in PART I (a)	vas ıys.					
STS					Yes No Unkno	wn					
ON AMENDAMENTS					PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO DE PART II. If deceased was female with the property of last 90 days there a pregnancy in last 90 days there as pregnancy in last 90 days there are pregnancy in last 90 days there are pregnancy in last 90 days the pregnancy in last 90 days there are pregnancy in last 90 days there are pregnancy in last 90 days there are pregnancy in last 90 days the pregnancy in last 9						
Z A					20c. TIME OF Hour Month, Day, Year a.m. p.m.	_					
RIBBON AM					p.m.** 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE	_					
				-	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK farm, factory, street, office bldg., etc.)						
BLACK OR RITER R	READ		1		21. I attended the deceased from 4-17-64, to 4-18-64 and last saw him elive on 4-18-64						
E B	3	1			Death occurred at 3:45 Amm on the date stated above, and to the best of my knowledge, from the causes stated.						
USE BLACK OR TYPEWRITER	SHOULD			VIT OF	22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGN 4/Zy/6	ED Y					
	Š.	+	+	AFFIDAV	23a. BURIAL, CREMATION, 23b. DAYE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) (State)						
	Z S				TO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	_					
	ITEM			₽	Dickman-Dunning 1-H Clings Vipul, 20, 1969 Ruldred Degum						
•				_	(Licensed Embalmer's Statement on Reverse Side)						

STATEMENT BY LICENSED EMBALMER

I her	reby certify that the body whose name	is recorded on the	reverse side of this certificate was embalmed by me,
or by			, Student Embalmer No
working und	ler my personal supervision.		P. J. Dunning
Student		Signed	M. V. Henny
	Signature of Student Embalmer		Licensed Embalmer No. 45/0
			P. O. Address Clinion Ma

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.