	UN 2 2 19	. / /	X					, 55		STATE FIL	LE NUMBER
Reg	istration District	No61-	<i></i>	Primary Res	gistration Dis	trict No	Registrar's N	6			
1.	PLACE OF DEAT	H //				·	2. USUAL RESID	ENCE (Where	deceased liv	ed. If institut	tion: Residence
f	a. COUNTY	Tanne.	i				a. STATE	b.	COUNTY		admissio
	b. CITY (If out	ide corporate	limits, give T	OWNSHIP on	nly) Le	ngth of stay in 1b	c. CITY	2	<u>u e</u>	-	Inside Li
	OR TOWN		/				TOWN -	22-1	- سام		Yes E
	c. FULL NAME	OF (If NO) in	n hospital, give	e location)		Inside Limits	d. STREET	· ·	(If outside,	give location)	Reside on
1	HOSPITAL OF	· • • • • • • • • • • • • • • • • • • •	hwa	# 6	/	Yes D No 12	ADDRESS	711 5	2/	/ ' /	Yes
		-77	may		<u> </u>		<u> </u>	772	uusn	mgan	
	NAME OF DECI (Type or print)	ASED (Midd		م الراب	4. DATE OF	/) Mo	nth C	Day Ye
			lelle	ence)	Una	(reu)	Lukson	DEATH	Lun	0 2	1960
5.	SEX	6. C	OLOR OR RA			Never Married 🔲	B. DATE OF BIRT	H 9. AGE (I	birthday)		YEAR IF UNDER
	malu		thek	Wi	idowed 🔲	Divorced [4-2-188	78	•	Months D	ays Hours
			kind of work		IND OF BUS	INESS OR INDUSTR	Y IL BIRTHPLACE	(City and state	or country)	12. CITIZEN	OF WHAT COU
	during most of	working life,	even if eith	~ //	al da	I On	Muson	کر رکھ	no.	17/1	10.
130	FATHER'S NAME		1//		136 A OTH	ER'S MAIDEN NAM	5	14	NAME OF	HUSBAND OR	WIFE
- (Jahre 1	1 7	L. L.	المدا	1000	که رمدرو	mit.			150	The state of
15.	WAS DECEASED	EVER IN U.	S. ARMED FO	RCES?	16. SOC1/	AL SECURITY NO.	17. INFORMANT		1	Address	-
/ Es,	, no, 🏎 ynknow	N I (16 mag a)	: d-x				_		. / /		7
		i) [(ir yes, gi	ive war or dar	es of service)	489	26-8506	mes 7/1		/ / -		ee/ame /
	18. CAUSE OF I	1			407-	<u> 26-8506</u> 1 (c).	mn W	.a. Z	ules	or Can	INTERVAL BET
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed b
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Sail 9/1 Sukley
Signature of Student Embalmer	
	Licensed Embalmer No. 26/3

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