1. PLACE OF DEATH B. COUNTY C N C C C C C C C C	B THEO IAN 11 40	THE DIVISION	OF HEALTH OF MISS		39926
1. PLACE OF DEATH b. COUNTY COUNTY	LITED DAM II 186	STANDARD C	ERTIFICATE OF D	EATH s	late File No
a. STATE D. CITY (II clouded companies limits, write RURAL and give township) STAT (in this place) TOWN C/ N to N to be backed or institution, give street addring or location) INSTITUTION D. (Middle) D. (Mid	BIRTH NO.	REG. DIST. NO. / L			
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ADDRESS ADD		township) SIRI (in	TOWN C	linton	
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2. I hereby certify that I attended the deceased from Dec. 28, 1948, to Dec. 31, 1948, that I last saw the dealive on Dec. 28, 1948, and that death occurred at Le. 30 pm., from the causes and on the date stated above. 33. SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23c. DATE: 9 Jan A8. BURIAL CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (ENTRY OF CHARLES) 25. BUNEAU DIRECTOR'S SIGNATURE 25. BUNEAU DIRECTOR'S SIGNATURE ADDRESS (ACCOUNTS) ADDRESS (ACCOUNTS) ADDRESS (ACCOUNTS)	21d. TIME (Month) (Day) (IRY OCCUR?	1.00
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District File No. 7 District File No. 7 District File No. 7 Date Filed

JAN 18 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalaer No. 9682

working under my personal supervision.

Student M. Obest. J. Manney

Signed Rolling

P. O. Address Callon Mo

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 this body is not embalmed, fact should be so stated above.