TILE O MAR 3	3 1949	THE DIVISION OF HE STANDARD CERTIF			4692
BIRTH NO		_ REG. DIST. NO/3 7	PRIMARY REG. DIST. NO.	D-10-11-11-11-11-11-11-11-11-11-11-11-11-	
I. PLACE OF DEA	тн			CE (Where decessed lived. If	
a. COUNTY	HENR	L/	a. STATE mis	Sour - b. COUNTY	Herry 1
b. CITY (If outside co	raveria limita mita	RURAL and give C. LENGTH OF	c. CITY (If outside corporate	limits, write RURAL and give to	ownship)
OR TOWN PL	12701	township) STAY (in this place	OR /	enton	0 = 4841 9)
d. FULL NAME OF (If not in hospital or	institution, give street address or location)	d. STREET (II	rural, give location)	
HOSPITAL OR	Chutus ?	Sent Waskt-U	ADDRESS /0 //	South 2	no et
3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month	h) (Day) (Year)
DECEASED (Type or Print)	Zlann,		France	OF JAL	
/	COLOR OR RACE	/7	1 8, DATE OF BIRTH	9. AGE (In years) IF UN	20 194 DER: YEAR D' DHOER M H
5. SEA	COLOR OR RACE	WIDOWED, DIVORCED (Bredis)	8. DATE OF BIRTH		he Days Hours Mi
- Transie	while	widowed	May 1 1865	83 9	1/9
10a. USUAL OCCUPATIO			11. BIRTHPLACE (State or fo	reign_country) //	12. CITIZEN OF WH
done during most of world	ag ille, even if retired) a. a	1 -	Dank 1/	0 9	COUNTRY
	\sim	13b, MOTHER'S MAIDEN	1 (1) (Oyani	. NAME OF HUSBAND OR W	use of the
3a. FATHER'S NAME	m () n=	- 1 130. MOTHER'S MATDER	2 AZZ	. HAME OF HUSBAND OR W	مهررد است
Chan W	" yer	as Wond Mr	1		
15. WAS DECEASED EVE (Yes, no. or unknown) (If	R IN(L/, S, ARMED		17. INFORMANT'S S	IGNATURE OR NAME	ADDRESS
22n	21.60	none	Harry &	ratand	Christm 2
18. CAUSE OF DEATH			CERTIFICATION	0	INTERVAL BETWE
Enteronly one cause per 1	I. DISEASE OR O	CONDITION	+- ' - 1	·	ONSET AND DEAT
line for (a), (b), and (c)	DIRECTLY LEAD	DING TO DEATH*(a)	unseur	wer - Chel	ude 2yr
	ANTECEDENT C	AUSES -		•	"
*This does not mean the mode of dying, such		ns, if any, giving DUE TO (b)	to Court	<i>EU</i> -	
as heart failure, asthenia,	Line to the goose	CULTUSE (C) MOUNTED			
etc. It means the dis-	the underlying co	use last.	,		
ease, injury, or complica-	IL OTHER CICH	DUE TO (c)		4 0 1 1	-
tion which coused death.	Conditions contri	FICANT CONDITIONS ibuting to the death but not		3341	1
	·	ase or condition causing death.		*** *** ******************************	20. AUTOPSY1
TO- DATE OF ORCE .	j 196. MAJOR FIN	IDINGS OF OPERATION		•	ו אפיוטוא. שן
19a, DATE OF OPERA-	1				<u> </u>
	·			4	YES NO
TION	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, streat, office bidg., etc.)		(COUNTY)	
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)					
21a. ACCIDENT SUICIDE HOMICIDE		(Hogr) 21e. INJURY OCCURRED WHILE AT ONT WHILE			
21a. ACCIDENT SUICIDE HOMICIDE		bome, farm, factory, street, office bldg., etc.) (Hour) 21e. INJURY OCCURRED		CURI (C)	(STATE)
21a. ACCIDENT SUICIDE HOMICIDE	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	211. HOW DID INJURY OCK	CURT	(STATE)
21e. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	211. HOW DID INJURY OCK	CURI (C)	(STATE)
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. Vereby certify t	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK the deceased from	211. HOW DID INJURY OCK	CURT	(STATE) last saw the deceased ted above.
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify to alive on June 3a. SGNATURE	that I attended	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK the deceased from 7. and that death occurred at Proposed title)	217. HOW DID INJURY OCC 19 19 1 To The market of the co	t. 20, 19 49, that I auses and on the date sto	last saw the deceas ated above. 23c, DATE SIGNE
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify to alive on June 3a. SGNATURE	that I attended	(Hoar) 21e. INJURY OCCURRED WHILE AT NOT WHILE Work AT WORK And that death occurred at	217. HOW DID INJURY OCCUPATION TO THE COMPANY OF CREMATORY 244.	LOCATION (City, town, or co	last saw the decease atcd above. 23c, DATE SIGNE
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. Vereby certify t	that I attended	(Hoar) 21e. INJURY OCCURRED WHILE AT NOT WHILE Work AT WORK And that death occurred at	217. HOW DID INJURY OCCUPATION TO THE COMPANY OF CREMATORY 244.	LOCATION (City, town, or co	last saw the decease atcd above. 23c, DATE SIGNE 2.20, Ounty) (State)
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify to alive on July 3a. SIGNATURE 24a. BURNAL, CREMA TION REMOVAL (Specify) DATE REC'D BY LOCAL	that I attended	(Hoar) 21e. INJURY OCCURRED WHILE AT WORK AT WORK and that death occurred at 24c. NAME OF CEMETER METERS AND THE STREET OF	217. HOW DID INJURY OCCUPATION TO THE COMPANY OF CREMATORY 244.	CURT A. 20, 19 49, that I auses and on the date sto Low Mo. LOCATION (Sity, town, or of Linton Hen	last saw the decease atcd above. 23c DATE SIGNE 23c / Ounty) (State)
TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. Nereby certify to alive on	that I attended	(Hoar) 21e. INJURY OCCURRED WHILE AT WORK AT WORK and that death occurred at 24c. NAME OF CEMETER METERS AND THE STREET OF	211. HOW DID INJURY OCC 211. HOW DID INJURY OCC 18 4 10 10 10 10 10 10 10 10 10 10 10 10 10	CURT A. 20, 19 49, that I auses and on the date sto Low Mo. LOCATION (Sity, town, or of Linton Hen	last saw the deceas ated above. 23c DATE SIGNE 34. 20 /

RECEIVED

District Hoalth Officer No District File riumbor 2 4 2 Date Filed _____ 3 - 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this co	ertificate was embalmed by me, or by
	Student Embalmer No. ,

working under my personal supervision.

Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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