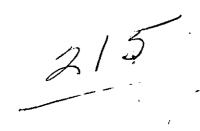
300	FILED MAR	; State Fit		5594 ′					
A	BIRTH NO		REG. DIST. NO	261	PRIMARY REG. DIST	. no.438	Registra	r's No	`ゟ ` 3
		dawau			a. STATE #// _	DENCE (Who	b. COUNT	M/ .1.	ation: residence before admission).
		bam -	township) Si	LENGTH OF AY (in this place)	OR T	rahan		dve townsh	7,40
CCOR	INSTITUTION	If not in hospital or i	natitution, give street add	ress or location)	d. STREET ADDRESS	(If rural, give		3 -	B
T RE	3. NAME OF DECEASED (Type or Print)	Lula	b. (M	iddle)	Owens		DATE (M OF DEATH	(onth)	(Day) (Year) 5-/9.50
ANEN	temala !	color or race	7. MARRIED, NEVEL WIDOWED, DIVOI		8. DATE OF BIRTH	69	AGE (In years leas birthday)	IF UNDER 1 Months ID	
ERM	10a. USUAL OCCUPATION deno during most of working to WSB W	N (mye kind of work against wen if retired)	10b. KIND OF BUS	INESS OR IN-	11: BIRTHPLACE (8th	te opiquelen count		112	CONTENT
₹ ₹	13a ATHER'S NAME	Tens		ER'S MAIDEN	len Lane	_ //	N OU	OR WIFE	
MAKE	i5. WAS DECEASED EVE (Yes, no or linknown) (If	R IN U.S. ARMED	FORCES? 16: SOCIA	L SECURITY NO.	17. INFORMANT	"SEIGNATI	DE OR NAM	اE ارسا	ADDRESS
INK-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C			ERTIFICATION	Nebh	ده ۱۹۰۹	* .	INTERVAL BE DUEEN ONSET AND THE
CK	*This does not mean the mode of dying, such	ANTECEDENT C	AUSES	о (ы 7	7 ,	of rich	t fem	141	3 mas
BLA	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	rise to the above of the underlying car	ause (a) statina	* . **			- · · ·	,, , ,	
DING	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS						7	1.
UNEA	19a. DATE OF OPERA- TION		DINGS OF OPERATION			<i>₽</i>			20. AUTOPSY?
ING	21a. ACCIDENT SUICIDE HOMICIDE	(Bpacity) exclest	21b. PLACE OF INJURY bome, farm, factory, street	(e.g., in or about (.ore, gbld sellto,	21c. (CITY, TOWN, OF		noda	Ο,	(STATE)
<u>so-</u>	21d. TIME (Month) OF INJURY	(Day) (Year) (Hour) 21e. INJURY	OCCURRED NOT WHILE	211. HOW DID INJUR		-m	2	
נואנט	22. I hereby certify to alive on More			Jan occurred al	, 1944, to 27 7.45Am., from	brch5,	19 50, that	I last i	saw the deceased
24.5	23a. SIGNATURE	C Kl		egroe or title)	23b. ADDRESS	tlan	1. 7		3/1/s
Livra	MAL ALLA CREMA		1950 Se	OF CEMETER	Y OR CREMATORY	24d. MCATIO	N City, town,	or county	(State)
	DATE REC'D BY LOCAL 3-// 38EG.	REGISTRATYS S	INATURE /	1229	3. TOTE DAY DIRE	Itche	LONE P	nar	wells.
•		· · · · · · · · · · · · · · · · · · ·	(Licensed	Embalmer's S	tatement on Reverse Si	de)		- (mo.





STATEMENT BY LICENSED EMBALMER

Ιh	ereby certify that	the body whose nar	ne is recorded on t	he reverse side of this	s certificate was embalme	ed by me, or by
• •		· . *	***			
					Student Embalmer I	No

working under my personal supervision.

Student Embalmer

to and in personal supervision.

igned J M

Licensed Embalmer No. 3379

P. O. Address Many Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu

the above constitutes grounds for revocation of license.)

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