10.48 State File No. State File No.	No. 300	l caro con	4 A 14 AM	THE DIVISION OF HE			45000	
1. PLACE OF DEATH a. COUNTY A.		THEN JOIN	13 1955	STANDARD CERTIF	ICATE OF DEA	State File No	15276	
a. COUNTY JENNE D. COUNTY JENNE RUBLA and drive to restance of the country of the	•	BIRTH NO		_ REG. DIST. NO. 13				
D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDSOR D. CITY (If coulds composite liable, write RUBAL and give township) TOWN W/NDS	\mathbf{a}^0		TH		ll a STATE and 's a	b. COUNTY		
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F. FULL MANE OF CIT set to beneficial or frestruction, ether extent address or frestration (NOSPITAL ON NOSPITAL O	0	OR		township) STAY (in this place)	oll OR _			
TYPE OF PHASE) A CALLE OF DEATH S. SEX O. COLOR OR RACE T. MARRIED, NOVE (B. WILL) MIDDINGED DIVORCED (Browlet) MIDDINGED (Browlet) MIDDINGED DIVORCED D	SR.	d. FULL NAME OF C	 		d. STREET ADDRESS	(If rural, give location)		
TYPE OF PHASE) A CALLE OF DEATH S. SEX O. COLOR OR RACE T. MARRIED, NOVE (B. WILL) MIDDINGED DIVORCED (Browlet) MIDDINGED (Browlet) MIDDINGED DIVORCED D	BCC		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	e Hosp.				
S. SEX 6. COLOR OR RACE THE PROPERTY OF BIRTH S. DATE OF BIRTH				C	LOPPIO		1 10	
13a. FATHER'S NAME	INI		*******	1.7. MARRIED, NEVER MARRIED, 7	1 8. DATE OF BIRTH	1 9. AGE (In years) If INDE	R ! YEAR OF UNDER 24 HES	
13a. FATHER'S NAME	INE	Female 4	Phite		mar 3, 18.			
13a. FATHER'S NAME	RMZ			10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT	
15. WAS DEJEASED EVER IN U.S. ARMED FORCES? (Yes, no. origidational) (UI yes, they war of date of skerics) NO 18. CAUSE OF DEATH Enter only onescuisoper line for (a), (b), and (c) 19. DISEASE OR CONDITION The does not mean an AMTECEDENT CAUSES The mode of dying, such as heart failure, esthenia, etc. It means the discussion of the	PE	Housen	` _	1 11 - 100 5	1 S Cot	land '	1 <u> </u>	
18. CAUSE OF DEATH MEDICAL GERTIFICATION & MEDICAL GERTIFICATION & MITTERIAL SERVICES MITTERIAL SERVIC	∢	138. FATHER'S NAME		136. NOTHER'S MAIDEN	NAME TO A	All ALL AL	re . 1 d k a . m)	
18. CAUSE OF DEATH MEDICAL GERTIFICATION & MEDICAL GERTIFICATION & MITTERIAL SERVICES MITTERIAL SERVIC	K E	IS. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 1 SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS	
DISEASE OR CONDITION This does not mean the discount figure, ashenia, at heart figure, ashenia, ashen	MA	, ,		No	allerd H	Havis Wa	27220	
*This does not mean the mode of dying, such as heart failure, asthenia, as heart failure, or compiler to the above the underlying cause last. DUE TO contactive Heart failure, asthenia, as heart failure or compileration which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Discharge of the disease or condition causing death. 19a. DATE OF OPERA- TION 21a. ACCIDENT (Bpecily) 21b. PLACE OF INJURY (s.g., in or above) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE TOWN WHILE AT WORK OF THE CAUSE AND	K		N DISEASE OR CO	ONDITION Z Z	CERTIFICATION	the same of the	ONSET AND DEATH	
Morbid conditions, if any, giving DUE TO (b) Conditions of the mode of sping, such as heart failure, authenia, rise to the above cause (a) stating rise to the underlying couse last. DUE TO the underlying couse. DUE TO the underlying couse. DUE TO the underly	IN.		DIRECTLY LEAD	ING TO DEATH*(a)	pourant	- VICELLA POPULA	Thrs.	
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Ease, infury, or complication which caused death. 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21b. PLACE OF INJURY (a.g., in or about 1900 INJURY OCCUR? 21d. TIME (Mosth) (Day) (Year) (Hour) WHILE AT WORK AT WORK 21 I hereby certify that I attended the deceased from alive on both and the deceased from both and		as heart failure, asthenia,	THE TO THE BOOVE O	ause (a) staining	0 0 - 1 - 1 M	tight - theirt	- 3	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about) Nome, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Month) (Day) (Year) (Hoar) OF HULLET NOT WHILE AT WORK AT WORK 22 I hereby certify that I attended the deceased from 6-5, 19-53 to 6-6, 19-55, that I last saw the deceased alive on 6-6, 19-55, and that death occurred at 3 m., from the causes and on the date stated above. 22a. BURIAL CREMA. 25b. DATE 26c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 422. 25. FUMERAL DIRECTOR'S STIGNATURE ADDRESS ADDRESS LOCATION, CREMATURE ADDRESS ADDRESS LOCATION (City, town, or county) State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 422. 25. FUMERAL DIRECTOR'S STIGNATURE ADDRESS LOCATION, CREMATURE ADDRESS LOCATION,	vd : s	ease, injury, or complica-		DUE TO (A)	oscieptic VM	Mentione 1 Pro	ere 3 475.	
21a. ACCIDENT SUICIDE SUICIDE COUNTY) 21b. PLACE OF INJURY (a.g., in or about bome, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWNSHIP)			Conditions contrib	nuting to the death but not	beter Mi	ellitus	5 whs.	
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alive on 6-6, 1955, and that death occurred at 3 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) (P23b, ADDRESS, 24a. BURIAL. CREMA- TION, REMOVAL (Breatty) LINE 8, 1955 DATE REC'D BY, LOCAL REGISTRAR'S SIGNATURE 124c. NAME OF CEMETERY OR CREMATORY CINCINNA COUNTY COUNTY COUNTY ADDRESS A	[\$ <u>0</u> —	II OF	(Day) (Year) (WHILEAT [NOT WHILE]		OCCUR?	.	
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(Licensed Embalmer's Statement on Reverse Side)	ř	}	REGISTRAR'S	SIGNATURE 422	5. FUMERAL DIRECT			
			CA VOLV	(Licensed Embalmer's	Statement on Reverse Side)		

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 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, with the above constitutes grounds for revocation of license.)

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