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HOSPITAL ON FILE ADDRESS OF A BITCH DECEASED EVER IN U. S. ARMED FORCEST 18. SOCIAL SECURITY NO. 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 15b. MOTHER'S MOTHER NAME 15b. MOTHER'S MOTHER NAME 15b. MOTHER'S MOTHE	11 UK 1/21/	verle	tAL and give c. LENGTH O STAY (in this pla	meill OR //a///	/-	township)
DECEASED (Type or Print) (Type or Print) (S. SEX	HOSPITAL OR	1/8/11	• //	d. STREET ADDRESS		
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DUSTRY 13a, FATHER'S NAME 13b, MOTHER'S MAIDEN NAME 13b, MOTHER'S MAIDEN NAME 14 MANUAL MAIDEN NAME 15 WAS DECEMSID EVER IN U. S. ARMED FORCEST IS. SOCIAL SECURITY TO THINFORMANT'S ELGNATURE OR NAME 18. CAUSE OF DEATH Enter only conscious per incomplete in the mode of dring, such activities of the above comments (a) during dring the mode of dring, such activities (a) during dring the mode of dring, such activities (a) during dring the mode of dring, such activities (a) dring the to the above committee in the disc. It means the disc. It means the disc. (b) the above committee in which coused death. Conditions or information to the death. The activities of the above committee in which coused death. Conditions or information to the dring the mode of dring. Such activities of the above committee in the disc. (c) the above committee in the disc. (c) the above committee in the disc. (d) during dring the dring of the dr	5. SEX 6.	Mute	WIDOWED, DIVORCED (Specify		9. AGE (In years) We hast birthday) Mon	the Days Hours Min.
13. MO THER'S MAJE 13. MOTHER'S MAIDEN NAME 14. MANDE OF RUSAND OR WIFE 15. WAS DECASED EVER IN U.S. ARNED FORCEST 16. SOCIAL SECURITY ITAINFORMANT'S ELGNATURE OR NAME ADDRESS IS. WAS DECASED EVER IN U.S. ARNED FORCEST 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH Enter only onoscuspes of the date of service) 19. DISEASE OR CONDITION MEDICAL CERTIFICATION INTERVAL BETWEEN ANTECEDENT CAUSES 10. DISEASE OR CONDITION MEDICAL CERTIFICATION INTERVAL BETWEEN INTERVAL	done during most of working	g life, even if retired)	iob. KIND OF BUSINESS OR IN DUSTR	I- 11. BIRTHPLACE (CI)	ty and State or Foreign Country)	12. CITIZEN OF WHAT
(Yes. softyfraknova) (II yes. of the softyfraknova) (No.) That Mark Blaisland Ma		albin	13b. MOTHER'S MAID	Housh	14. NAME OF HUSBAND OR	Tark
IDSEASE OF CORDITION Enter only one equisoper line for (a), (b), and (c) "This does not mean the mode of dying, such as heart fellium, esthemia, the mode of dying, such as heart fellium, esthemia, the mode of dying, such as heart fellium, esthemia, the time to the above cause (a) stating of the tender cause (a) stating of tender cause (a) sta	(Yes. nofin unknown) (II		ervice) Now No	Arval	s et gnature or name Nar Blair	down - Ms.
**This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the discusser (a) deathing (b) serve lawyeth of the above cause (a) deathing (b) serve lawyeth of the control of the underlying anset lost. DUE TO (b) Serve lawyeth of the death of the underlying anset lost. DUE TO (c) Proof of the lawyeth of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying anset lost. DUE TO (c) Proof of the underlying and the underlying anset lost. DUE TO (c) Proof of the underlying	Enter only one cause per	I. DISEASE OR CON DIRECTLY LEADIN		certification	my @ Fylefthe	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) TO ALL TO COMPILED	*This does not mean	ANTECEDENT CAU	SES OF Fifth (1) (1) (1) (1) (1)	3 Probable	shull flattle	
Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or condition contains death.	as heart failure, asthenia, etc. It means the dis-	rise to the above cau the underlying cause		all of the	heal.	
21a. ACCIDENT (Boordity) 21b. PLACE OF INJURY (so of so or about gentless) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (COUNTY) 21c. PLACE OF INJURY (so of so or about borns. (spring, tagging or other bidg., sea.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (A ADAR SIGNATURE) (COUNTY) (Chaditions contribut	ing to the death but not	water Car Co	Mission.	
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INJURY INDURY INDURY	21a. ACCIDENT SUTCIBE HOMICIDE	(Specify) 21 hos Carlles	b. PLACE OF INJURY (e.g., 45 or abo	21c. (CITY, TOWN, OR	TOWNSHIP Logeth	0.5 4(STATE)
alive on	21d. TIME (Month) OF INJURY	(Day) (Year) (H	WHILEAT / NOT WHILE !	217. HÓW DID INJURY	Car Cullisse	<i>f</i>
23e. SHOWATORE (Degree or title) 23b. ADDRESS (Black) 24c. DATE SIGNI (Oliv, town, or county) (State) (ATDRESS (Degree or title) (State) (ATDRESS (Olive) (ATDRESS (Olive) (Oliv, town, or county) (State) (ATDRESS (Olive) (ATDRESS (Olive) (Oliv, town, or county) (State) (ATDRESS (Olive) (ATDRESS (Olive) (Oliv, town, or county) (State) (ATDRESS (Olive) (ATDRESS (Olive) (Oliv, town, or county) (State) (ATDRESS (Olive) (Oliv, town, or county) (Oliv, town, or county) (Olive) (Ol		hat I attended the		12 19 fr. Q.S.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 154- 25 EUNERAL DIRECTOR'S SIGNATURE ADDRESS (Local 16-1954 Clayton to Landrum Daily Statement on Reverse Side)		artin put	Degree or sittle	23b. ADDRESS	essa Mi	
Oct 16-1957 Clayton A. Landrum Bailey Junted Jame Horry 10 (Livensed Embelmer's Statement on Reference Side)	THON/RIMOVAL research			'// /	24d. LADCATION (Olly, town, or Chilhaull)	Mr.
	DATE REC'D BY LOCAL Dex: 16-1957	Claylor.	Shature 15.4	Bailey	Junea Jame	
N.			(Licensed Embelmer)	Statement on Reverse Sk	de)	

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

orking under my personal supervision.	
244	Signed Maria D. Bailey
Student Embalmer	Licensed Embalmer No. 4887

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.