BIRTH NO. 1. PLACE OF DEATH a. COUNTY D. CITY (If outpide corporate limits, write RURAL and give township) A. FILL NAME OF (If not is possospal or institution, give person address or location) HOSPITAL OR S. SEX. 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWCEED (Rocetty) MUDITIVE 1. SETATE C. (Lest) A. DATE (Month) DECEASED (If year) A. DATE (Month) DEATH S. SEX. 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWCEED (Rocetty) MUDITIVE DUSTIVE 1. SHAME OF HUSBAND OR WIFE 1. SWAS DECEASED EVER IN U. S. ARMED FORCES? 1. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. SWAS DECEASED EVER IN U. S. ARMED FORCES? 1. DESEASE OR CONDITION (If yea, give war or dates of service) 1. DESEASE OR CONDITION (If yea, give war or dates of service) 1. DESEASE OR CONDITION (If yea, give war or dates of service) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CONDITION (II) 1. DISCASE OR CONDITION DUSTIVE MEDICAL CERTIFICATION (II) MEDICAL CERTIFICATION (II) MEDICAL CERTIFICATION (III) DISCASE OR CONDITION DIRECTLY LEADING TO DEATH* (OS) 1. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (OS) 1. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (OS) 1. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (OS) 1. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (OS) 1. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (OS) 1. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (OS) 1. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (OS) ANTECEDENT CAUSES ANTECEDENT CAUSE ANTECEDE	BIRTH NO. REG. DIST. NO. PRIMARY REC. DIST. DEC. DIST. NO. PRIMARY REC. DIST. DEC. DIST. N. NO. PRIMARY REC. DIST. DEC. DIST. NO				HEALTH OF MISSON			
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I hereby certify that the body whose name is recorded on	the reverse side of this certificate was emb	almed by me, or by
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Licensed Embalmer No.....

P. O. Address — And Llary — Head 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.

Student Embalmer