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BIRTH MO REG. DIST. NO. 2985 PRIMAY REG. DIST.			STANDARD CERTI	FICATE OF DEA	TH Stat	File No. 21594
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G. FILL MARE OF (If see is hespital of tradiculos, girs street, addressed location) HOSPITAL MARE OF (If see is hespital of tradiculos, girs street, addressed location) NAME OF S. (First) J. MARIED OF S. (First) D. (Middle) D. (Last) D. (ADATE (Mottle) (Day) (Year) OFT DECEASED OFT DECEA	a. COUNTY	Ray		a. STATE	b. co	UNTY Rouge admission).
HOSPITAL OR INSTITUTION OF THE I	OR 💋	orpurate la tu, write B	township) STAY (in this place	OR 💋	lle	d. Is Residence within limits of a city or incorporated town?
3. NAME OF DECEASED DECEASED TO REPORT OF THE CONTROL OF THE CONTR	HOSPITAL OR	• •	natitution, give street address (r location)	ADDRESS	(If rural, give location)	alled the
Type or Print) S. SEX G. COLOR-OR RACE 7. MARRIED. NEVER MARRIED. 19. AGE Grand ground a risk. 19. AGE Grand 10. SUSUAL OCCUPATION (Coleshed of very). 10. MOTHER'S MARKE 11. BIRTHPLACE (City and State or Perriga Constity). 11. BIRTHPLACE (City and State or Perriga Constity). 12. CITIZENOR WHAT 13. NOTHER'S MARKE 13. NOTHER'S MARKE 14. SIMPLE OF HUSBAND'OR PIFE 15. WAS DECEASED EVER IN U. S. ARMED PRESS! (Type accordance). 16. CAUSE OF DEATH Rater only one-equisapper 11. DISEASE OR CONDITION MEDICAL CERTIFICATION 10. DISEASE OR CONDITION MEDICAL CERTIFICATION 10. DISEASE OR CONDITION 10. DISEASE OR CONDI			b. (Middle)	c. (Last)		(Month) (Day) (Year)
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision..

Student Signeture of Student Embalmer

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.