BIRTH NO. BEE. DIST. NO. PRIMARY REC. DIST. NO. 3012 Register's No. 55. I. PLACE OF DEATH a. COUNTY b. CITY (It equidade corporates ligniles, angle NJFRAL and give or workship) C. FULL MAN CO (It as in inseptial or or distinction). The control of the distinction of the control of the co	. 300	FILED MAY 17 1950	THE DIVISION OF HE STANDARD CERTIF		State File No	16185		
1. PLACE OF DEATH 1. COUNTY 1. COUNT	1.1.		51	PRIMARY REG. DIST. NO.	,	,		
OR COUNTY OF THE STATE OF THE S	,Ч			2. USUAL RESIDENCE (1	Where deceased lived. If income b. COUNTY	stution: residence before		
d. FULL by MC OF III so its boundard orbidistation, dring from subtype or bountage) A. DATE Company		OR C / /	RURAL and give c. LENGTH OF STAY (in this place)	OR C. , A '	, write RURAL and give town	ahip)		
(Type or Print) (Type	CORD	d. FULL NAME OF (If not in hospital or	Constitution, give front address or location)	d. STREET (It rural, ADDRESS 3//	give location)	0,0		
5. SEX 0 6. COLOR OR RACE 7. MARRIED REPRINCED 18 DATE OF BIRTH 87 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3. NAME OF a. (First) DECEASED	b. (Middly)	C. (Last)	4. DATE (Month)			
13.6. FATHER'S, NAME WILLIAM WHATE SOLIAL SECURITY 12. INFORMANT'S SIGNATURE OR NAME ADDRESS	NENT	5. SEX 0 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) IF UNDER	I YEAR IF UNDER 14 HES.		
13.6. FATHER'S, NAME WILLIAM WHATE SOLIAL SECURITY 12. INFORMANT'S SIGNATURE OR NAME ADDRESS	SRMA	10a. USUAL OCCUPATION (Give kind of word done during months) working life, even if retired	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign o	ountry)	12. CITIZEN OF WHAT COUNTRY?		
B. CAUSE OF DEATH Enter only one causes per Incomplete Incompl	A PI		1/ 13b. MOTHER'S MAIDEN	NAME 14. NAME	RE OF HUSBAND OR WIS	U.S.A.		
B. CAUSE OF DEATH Enter only one causes per Incomplete Incompl	LAKE	(Yes, no. or unknown) (If yes, give war or date	se of service) NO.	17. INFORMANT'S SIGN.	ATURE OR NAME	ADDRESS		
Illustor (a), (b), and (c) *This does not mean the mode of dying, such the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Artistis; senility 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDET B. HOMICIDE PORTION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDET 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.s. in or about year of the mode of the death and the mode of the death action of the death and the mode of the death and the mo		In cause of Death Enter only one cause per line for (a), (b), and (c) In cause of Death Enter only one cause per line for (a), (b), and (c) In cause of Death Directly Leading to Death Obliterated valves of heart by Univito						
The mode of dying, such as heart falture, asthenia, the mode of dying, such as heart falture, asthenia, the mode of dying, such as heart falture, asthenia, the mode of dying, such as heart falture, asthenia, the underlying cause last. DUE TO (c). 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death of the death	t l							
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	F	DATE REC'D BY LOCAL BEGISTRAR'S	SIGNATURE 00/62	25, FUNERAL DIRECTOR'S S	I SHATURE AD	DRESS		
(Licensed Emberger's Systemson on Reverse Side)	Į.	5/5/58 / and	ne Authingo	Hope June	Home E	L SppMo		

District File Number 16 50

TATEMENT	RY	LICENSED	FMRA	LMPD

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
	Student Embalmer No

working under my personal supervision.

July Super Vision.

gned James a. mole

Licensed Embalmer No. 3296.

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

the above constitutes grounds for revocation of license.)

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