S. No. 2 1—8-43 5-17-39	DEPARTMENT OF COMMERCE THE STATE BOARD OF INBUREAU OF THE CENSUS 14 1945 AND ARD CERTIFIED AUG 14 1945 AND CERTIFIED AUG 15 1945 AND CERTIFIED AUG 1	CATE OF DEATH State File No.
I X37823	Registration District No. 297 Primary Registration District	_
RECORD	1. PLACE OF DEATH: (a) County (b) City or town and A County (If outside city or town limits, write "BURAL" and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (b) County (c) City or town (b) County (c) City or town limits, write "RURAL")
FERMANENT	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. (Specify whether years, months or days)	(d) Street No
. ₹	3. (a) PRINT J о. S в р и С L у о в W L L A р з 3. (b) If veteran, name war. No y в 7 - 07 + 7 3	20. DATE OF DEATH: Month day year minute 9 M. 21. I hereby certify that I attended the deceased from 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
K INK—MAKE	SexMull 5. Color or 6. (a) Single, widowed, married, divorced Managed 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive	that I last saw has alive on and that death occurred on the date and how stated above. Immediate cause of death
 UNFADING BLACK	7. Birth date of deceased	Due to Corney Octer School 1 year of myseacher Degenation 1000
USE UNFA	9. Birthplace Resident (City Down, or county) (State or foreign country) 10. Usual occupation (City Down, or country) 11. Industry or buriness	Other conditions (Include pregnancy within 3 months of death) PHYSICIAN
WRITE PLAINLY	12. Name William (Cityforn, or county) (State or foreign country)	Major findings: Of operations Underline the cause to which death should be charged sta- tistically.
WRITE	15. Birthplace (City, town, occounty) (System foreign country) 16. (a) .Informant (b) Address (b) Address (c) (c)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)
	17. (c) (Burial, cremation, or removal) (b) The thereof (Month) (Day) (Year) (c) Place: burial or cremation. 18. (a) Signature of funeral director.	(City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify the office) While at work? (State) (Procedure) (State) (Specify the office) (Specify the office)
	19. (a) Sully 18 1945 (b) This Gauss W. Supposed (Resistrar's signatify) 12. (Licensed Embalmer's Sta	Address Side) Address Side Date signed by Bato

RECEIVED District Health Officer No. 8. District File Number Deta Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side o Registered Apprentice No.

working under my personal supervision.

Signed.... Licensed Embalmer No 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.