·==						ALTH OF MISSO			1) /I	
	LED MOV	10.40		STAND	ARD CERTIF	ICATE OF DEA	ATH	STAT	E FILE NU). <u>1</u>	
H	LED NOV	T & 18	57 Registration D	District No	24	mary Registration	Disasias Na	3046	Registr	1	0:
=		<u>-</u>	Registration L	ASTRICT NO							
1.	PLACE OF D a. COUNTY	EATH 7	217	•		2. USUAL RESI	DENCE (Who	re deceased lived.	If institution	n: Rosidence Jdm	before ission)
_			1 once	au	<u> </u>		usss	we "	1110	ulla	u
	D. CITY (If or OR	utside corp	grate limits, give	TOWNSHIP only	1 L	c. CITY OR	0.0	1.		1	Limits
	TOWN	call	jaru	<u> </u>	Yes Li No Li	TOWN	aly	anus	 -	Yes	No X
	HOSPITAL	OR F	OT in hospital, g	give location) Len	igth of stay in 1b	d. STREET ADDRESS	Wal	Ker Tou	ive location) Reside	No □
	IAME OF		First		Middle	Last		4. DATE	Month	Day 1	Year
	Type or print)	H	FRMA	N	_	BENN	F	OF DEATH	now	12 /	95
5. S	EX	6. coi.	OR OR RACE	7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH		9. AGE (In year	IF UNDER 1	YEAR IF UNDE	R 24 HRS
	Mol.	111	hila	WIDOWED	DIVORCED	Froh. 8	-1887	last birthday)	Months I	Hours	Min.
0a.	USUAL OCCUPA	TION (Give k	ind of work done	106. KIND OF BUSIN		11. BIRTHPLACE (C.	ity and state or	country)	12. CITIZEN	OF WHAT COU	NTRY
		working life	e, even if retired)	/	20.	Conten	Town	mo.		U.S	R
13.	FATHER'S NAME		1	<u> </u>		14. MOTHER'S MAIS	DEN NAME				
	Enne	10	1300	440		Payor	. Ila	1011			
		EVER IN U.	S. ARMED FORCES	5? 16. soci	AL SECURITY NO.	17. US ORMANT		Ad	dress	- 414	
(Yei	r, no. or unknown)	(If wear of	ive war or dates of ser	roice)	20.0	Anna	H.T.	J. R.			
┪	18. CAUSE OF	DEATH [E		se prine for (a);	(b), and (c)	(Marian)	VIMALI	ar New	~~~	INTER AL BE	TWEEN
1		DEATH WAS	CAUSED BY:	Lovas	Mue	سررید ور	-in			ONSET AND	DEATH Oe D
		IMMEDI	ATE-CAUSE (8)		11					,	7
					/////	a				,	//
ı	Conditio	ns. if any.	1 000 70 161-	\sim			~			ι	•
ĺ	which go	ns, if any, we rise to ause (a),	DUE TO (b)	zn,						ι	
	which go above of stating t	ve rise to ause (a), he under-	DUE TO (b)	z m				A CONTRACTOR OF THE PARTY OF TH	<u>.</u>		
	which go above of stating t lying co	we rise to ause (a), he under- ause last	DUE TO (c)	CONTRIBUTING TO DEA	TH BUT NOT RELATED	O TO THE TERMINAL DIS	EASE CONDITION	GIVEN IN PART I(4)		D. WAS AUT	OPSY
	which go above of stating t lying co	we rise to ause (a), he under- ause last	DUE TO (c)	CONTRIBUTING TO DEA	TH BUT NOT RELATED	O TO THE TERMINAL DIS	EASE CONDITION			PERFORM	ED?
5	which go above of stating t lying co	we rise to ause (a), he under- ause last	DUE TO (c)			TO THE TERMINAL DIS		480	Х	9. WAS AUT PERFORM YES NO	ED?
5	which go above of stating t lying co PART III	ave rise to ause (a), he under- ause last OTHER SIGNIF	DUE TO (c)					480	Х	PERFORM	ED?
CERTIFICATI	which g above stating to lying co	ave rise to ause (a). The under- quise last. OTHER SIGNIF	DUE TO (c) FICANT CONDITIONS C					480	Х	PERFORM	ED?
CAL CERTIFICAT	which go above to stating the lying con PART -II.	sure fise to ause (a). ause (a). OTHER SIGNIF SUICIDI Hour M a, m.	DUE TO (c).					480	Х	PERFORM	ED?
EDICAL CERTIFICATI	which go above stating to lying co PART-III-	rise to ause (a). ause (a). OTHER SIGNIF SUICIDI Ifour M a. m.; p. m.	DUE TO (c) FICANT CONDITIONS (E HOMICIDE Conth, Day, Year.	206. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature o	of injury in P	480 Part I or Part II of	Х	PERFORM	ED?
MEDICAL CERTIFICAT	which g above above stating to lying con PART-III-	ause (a), ause (a), he under- ause last. OTHER SIGNIF SUICIDI Hour M a, m., p, m., CURRED NOT WHIL	DUE TO (c) FICANT CONDITIONS (E HOMICIDE Onth, Day, Year.		w INJURY OCCURR	ED. (Enter nature o	of injury in P	480 Part I or Part II of	ilem 18.)	PERFORM	ED?
MEDICAL CERTIFICATI	which go above above stating to lying con partill. 20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OF WHILE AT WORK	re fise to duse (a), ause (a), ause (a), ause last. OTHER SIGNIF SUICIDI Hour M a. m., p. m. CURRED NOT WHIL AT WORK	DUE TO (c) FICANT CONDITIONS (E HOMICIDE onth, Day, Year, 20e: PLAC farm	206. DESCRIBE HO	w INJURY OCCURR	ED. (Enter nature o	of injury in P	480 art I or Part II of	item 18.)	PERFORM	ED7
MEDICAL CERTIFICATI	which go above contained to the stating of lying contained to the stating of lying contained to the stating of	AT WORK d the top	DUE TO (c) FICANT CONDITIONS (E HOMICIDE Onth, Day, Year.	206. DESCRIBE HO	in or about home.	201. CITY. TOWN.	OR LOCATION	480 art I or Part II of	item 18.) COUNTY	PERFORM YES NO	STAT
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A MEDICAL CERT	which go above or stating to lying con partilled. 20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY 20d. INJURY OF WHILE AT WORK 21. I attende Death occ	re rise to a cause (a), he under- ause last. OTHER SIGNIF SUICIDI Hour M a. m., p. m. CURRED NOT WHILL AT WORK d the doce curred at	DUE TO (c) FICANT CONDITIONS (E HOMICIDE Onth, Day, Year. E 20e. PLAC farm	E OF INJURY (e. g., factory, street, off) (Degree or title)	in or about home, ce bldg., etc.) m on the date	20f. CITY. TOWN.	OR LOCATION and to the be	480 art I or Part II of	item 18.) COUNTY tive on	PERFORM VES NO NO The cause 22c. Days	STAT
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STATEMENT BY LICENSED EMBALMER

Mary Mary William

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was emi
by me, or by	Student Embalmer No
working under my personal supervision	٠
	71 reclin.

Student Signature of Student Embalmer Licensed Embalmer No...35. P. O. Address California the transfer of the control of the c

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Find to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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If this body is not embalmed, fact should be so stated above. a the transfer of the second