d. FULL NAME OF (II see is bespetal or institution, give street address or location) d. FULL NAME OF (II see is bespetal or institution, give street address or location) INSTITUTION Warwick Village 5. MANE OF BECEASED LANCASTER LATHAM DECEASED LANCASTER LATHAM 5. SEX S. COLOR OR RACE 7. MARRIED, REVER MARRIED, WIDOWED, DIVORCED (Repeatry) MOLE NOTIFICATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OF BUSINESS OR IN: 100. USUAL OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OF BUSINESS OR IN: 100. WILLIAM OCCUPATION (Cite-bield of sort): 100. KIND OCCUPATION (Cite-bield occupation occup	27
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13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	AIRYI
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18. CAUSE OF DEATH Enter only one course per lime for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, atc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACTIONT 19b. MAJOR FINDINGS OF OPERATION 21d. ACTIONT 19b. MAJOR FINDINGS OF OPERATION 22d. NUET 21d. CITY, TOWN, OR-TOWNSHIP) 22d. NUET 22d. NUET 22d. NUET 19c. Operation 22d. MILL AT WORK AT WORK 22d. NUET 10c. COUNTY) 22d. BUR IAL. CREMAP 22d. DATE 22d. DATE 22d. DATE 22d. DATE 22d. NAME OF CEMETERY OF CREMATON 22d. LOCATION (25ty, town, or county)	
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TION 218. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., ere.) 35. COUNTY) 35. COUNTY) 36. ACCIDENT (Specify) 31b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., ere.) 31b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., ere.) 31b. PLACE OF INJURY (e.g., in or about line) 31c. (CITY, TOWN, OR-TOWNSHIP) 31c. (COUNTY) 31c. HOW DID INJURY OCCUR? 31c. HOW DID INJUR	20/
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24C. NAME OF CEMEIRY OR CREMATORY 24G. LOCATION (SRY, town, or county)	-11-
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Rurial 2/14/51 Masonic Cem California Mo	
Date rec'd by Local Registrar's signature All 12-1951 R.P. Darris M. M. Div Filliams Fun. Home Californi	nia

RECEIVED 2:17-5/
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 2:17:5/

EDI21 REV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaimed by me, or by_____,

working under my personal supervision.

Student Embalmer

Student Embalmer No.....

igned No Snedmenger

Licensed Embalmer No. 2854

P. O. Address California M. 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.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No..... On this 211t day of Lebruary 195/, before me appears P. Mac Leish J, who, upon Lie oath, states that the original record of died 3.6. // 19.5/, in the State of LAN City M. on 3-6.19 1951, should be corrected as follows: Item No. 3 should read Logar Lancaster Lather Instead of Item No. should read. Instead of Item No.should read Instead of Item No.....should read.... Instead of Item No.....should read.... Instead of Item No.should read...... Instead of. Item No....should read. Instead of Item No. should read... The above is true to the best of my knowledge, information and belief, (SEAL) Subscribed and sworn to before me this 2/st day of Debruary 196/

