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INJURY 22. I hereby certify that I attended the deceased from And 11, 19 49, to And 2, 19 51, that I last saw the decease alive on 12 in 1952, and that death accurred at 12/18 m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL CREMA- TION, REMOVAL (Specify) 24a. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (Oity, town, or county) 25d. NAME OF CEMETERY OF CREMATORY. 24d. LOCATION (Oity, town, or county) 25d. NAME OF CEMETERY OF CREMATORY. 26d. REGISTRAR'S SIGNATURE 26d. 25. FUNERAL DIRECTOR'S SIGNATURE 26d. 25. FUNERAL DIRECTOR'S SIGNATURE 26d. 26d. REGISTRAR'S SIGNATURE 27d. REGISTRAR'S SIGNATURE 27	21d. TIME (Month)	(Day) (Year) (21f. HOW DID INJURY OCCU	JR?	
22. I hereby certify that I attended the deceased from Anil 1, 19 49, to Anil 2, 19 51, that I last saw the deceased alive on Anil 1, 1952, and that death accurred at 12/14 m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL CREMATORY. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (Oity, town, or county). (Station, REMOVAL (Specify) ANIL 1 1952 CEDYAN CEMETERY OF CEDYAN CEMETERY	OF INJURY		MHILE AT NOT WHILE	,		
alive on A. II., 1952, and that death accurred at 12/14 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24a. BURIAL. CREMA- TION, REMOVAL (Specify) BULL 1 HL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24g. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (City, town, or county). (Statement of the causes and on the date stated above. 23c. DATE SIGNATURE 24d. LOCATION (City, town, or county). (Statement of the causes and on the date stated above. 23c. DATE SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 26 3 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27 40 40 40 40 40 40 40 40 40 40 40 40 40		hat I attended :		11 10 89 10 1 R	1) 10 5 I that I las	st sain the deed
23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24a. BURIAL CREMA- TION, REMOVAL (Specify) BULL 1952 CEDYAN CEMETERY OF CREMATORY. 24d. LOCATION (City, town, or county) (Station, REMOVAL (Specify) BULL 1952 CEDYAN CEMETERY OF CEDYAN 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27c. ALBERT THOYNGECK PRIVE	19 3		and that death provered at		uses and on the date state	ed above.
24a. BURIAL, CREMA- TION, REMOVAL (Bycotty) BUY 1 HL DATE REGISTRAR'S SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (Oity, town, or county). (Sta TION, REMOVAL (Bycotty) BUY 1 HL OFFICE OF ON CEMETERY OF CREMATORY. 24d. LOCATION (Oity, town, or county). (Sta TOWN, REGISTRAR'S SIGNATURE 263 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND 12, 1952 Mrs. Mande Hudson & C. HUBETT HOYNGECK FRITEE		, 100			111111111111111111111111111111111111111	23c. DATE SIG
TION, REMOVAL (Specify) -14-1952 CEDYON CEMETETY CEDYON MODEL ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 263 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND 12, 1952 MAS. Mande Hudson & C. HUBETT HOYNGECK PAINSE	1016	ell-		(Tipl	و المناسطان	1/-12-0
TION, REMOVAL (Specify) -14-1952 CEDYON CEMETETY CEDYON MODEL ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 263 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND 12, 1952 MAS. Mande Hudson & C. HUBETT HOYNGECK PAINSE	24. BURIAL CREMA	- 1 24h DATE	24c. NAME OF CEMETER	Y OR CREMATORY. 1 24d.	OCATION (City, town, or com	nty) (Sta
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 263 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND 12, 1952 Mrs. Maude Hudson x C. HUBERT HOYNGECK GAINE	TION, REMOVAL (Specify))	1		Assa Ar	Dr.
and 2, 1952 Mrs. Maude Hudson x C. ALBETT HOYNGECK PAINE					S SIGNATURE A	DDRESS
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RECEIVEDJAN 15 1952 DISTRICT HEALTH OFFICE No. 3 District File Number Date Filed JAN 1.5 1052

CTATEMENT	RV	I ICENSED	CLUBAT LICE	•

I hereby certify that the body whose name is recorded on the reverse side of this o	certificate was embalmed by me, or by
Sorting under my personal supervision	Student Embalmer No

Signed to albert Hornbuck

Licensed Embalmer No. 27/4

P. O. Addres France Home mo 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.