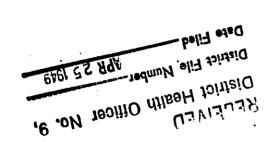
॰	LED APR	28 1949				ALTH OF MI		· · · ·	State File No	131	72
BIRTH NO	•		_ REG. I	DIST. NO.	219	PRIMARY REG.	, DIST. NO.	5711	Registrar's No	Ĺ	
1. PLAC a. COU	e of Dea NTY Mon	тн iteau Co)		••	2. USUAL R a. STATE Mi	ESIDENC BBOUri	-	COUNTY	diution: re	adinission).
b. CITY (If outside corporate limits, write BURA), and give C. LENGTH OF						C. CITY (If outside corporate limits, write RURAL and give township)					
OR Rural Harisoni, STAY (In this place) Harisoni, 168 d. FULL NAME OF (If not in hospital or institution, give street address or location)							Rura	rural, give location		arisc	n N
HOS	PITAL OR TITUTION			ornia,		d. STREET ADDRESS		3. Cal:	-	, <u>M</u> o	
3. NAMI DECE		a. (First)		b. (Mid	- 1	c. (Last	-	4. DATE OF DEATH	(Month)	(Day)	(Year)
(Type of		William COLOR OR RACE	17 MAD	Calv		Hickma		9. AGE (Apr	15	1949
Mal	(1)	hite	WIDO	owed, bivor	CED (Specify)	Jan.30.		last birti	hday) Months		ours Min.
Oa. USUAl	OCCUPATIO	ON (Give kind of working life, even if retired)	10ь. КІ	ND OF BUSI	NESS OR IN- DUSTRY	11. BIRTHPLACE		-	1	12. CITIZ COUNT	EN OF WHAT
Reti	red Fa		1			ł.,	eau Co		Cd	U.S	
	ER'S NAME			'	R'S MAIDEN	. =	14.	NAME OF HUS	IIW RO DNABS	FE	
is. WAS DE	CEASED EVE	Hickmen R IN U.S. ARMED rec, give war or dates	FORCES?	16. SOCIAL	SECURITY NO.	17. INFORM	ANT'S S	GNATURE O	R NAME	, Al	DDRESS
No		None	•	No	arrows at a	(a.2) 1.	rien	man	U Carl	form	a Mu
	OF DEATH ozieceuse per i	I. DISEASE OR C	ONDITION	į	MEDICAL	ERTIFICATI	ON		/	ONSET	AL BETWEEN AND DEATH
line for (a),	(b), and (c)	DIRECTLY LEAD		-Ain (a)	100	-t	11			-	
	es not mean	ANTECEDENT C		Jamas DUE TO	(b) 1	solar	ilis			ŀ	=
as heart failt	heart failure, asthenia, the underlying cause last.								•		
	tc. It means the dis- ase, injury, or complica-									_	
ion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										1	//>
19a. DATE	OF OPERA-	19b. MAJOR FIN				 : .				20. AUT	OPSY?
	TION	. ·				0				YES] NO ∠
21s. ACCID SUICII	ENT	(Specify)	21b. PLACI	EOFINJURY	(e.g., in or about office bldg., etc.)	21c. (City, 70v	VN, OR TOWN	NSHIP)	(COUNTY)	(S	TATE)
HOMIC 21d. TIME	(Month)	(Day) (Year),	(Hama)	21e. INJURY	OCCUPPED.	21f. HOW DID I	NUIBY OCC	IIR?	willed	<u> </u>	<u>70</u>
OF INJURY	,	(DE) (TEL);			NOT WHILE		a	e			
22. I here	- <i>10</i> 40.	hat all allended	he decea L. and	sed from L	ecurred at	2/15 P _m , 10	you the ca	15, 194 uses and on	Z, that I la the date state		e deceased
23a. SIGN	IATURE	ABou	in	2 (De	gree or title)	23b. ADDRESS	Som	î.	Wo:	23c. DA	TE SIGNED
24a. BURI TION, REM BUL' 1	AZ, CREMA OVAL (Boods) B. I	ZAB. DATE Apr. 1	7.194	1		y or CREMATO	l	LOCATION (CIL	•	nty)	(State)
	D BY LOCAL	REGISTRAR'S			198	·	DIRECTOR'	S SIGNATUR		DDRESS	wa
<u> </u>			1 -	(Licensed	Embalmer's	statement on Revo	erne Side)			7	210



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
	Student Embelmer No.
working under my personal supervision.	

Licensed Embalmer No. 2126

Student Embalmer

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.)

P. O. Address.

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