September No. Primary Registration District No. Jobs Registrate No. No.	V. S. No. 2 00M8-43	DEPARTMENT OF COMMERCE FILE CENSUS STANDARD CERTIFIE STANDARD CERTIFIE THE STATE BOARD OF F	CATE OF DEATH SUS
1. PLACE OF DEATH (accounty of the community of the commu		1 1144 JAN 1 (1948)	3M.8
(a) County. **Liption** (b) City or fown. **County **Interest **Interest **County **In			
(c) City or town. California (floutide sity as town limits, write "RURAL" and James of township) (c) Name of hospital or institution. State Hospital #1 (d) Length of stay: In hospital or institution. July 31, 1239 (d	140	Callaures	11
(d) Length of stay: In hospital or institution. INLY 31, 1939 In this community. John McDical Certification 1. (e) Citizen of foreign country? In this community. John McDical Certification 1. (e) Citizen of foreign country? If year, name country? McDical Certification 1. (e) Citizen of foreign country? McDical Certification 1. (f) Renth of stay: In hospital or institution. Inlly 31, 1939 In this community. John McDical Certification 1. (e) Citizen of foreign country? McDical Certification 1. (f) Citizen of foreign country? McDical Certification 2. (f) Citizen of foreign country? McDical Certification 3. (c) Citizen of foreign country? McDical Certification 2. (f) Length of stay: McDical Certification 3. (f)	// ¤	(h) City or town Julier	(a) State FILE STORITE (b) County MOTITUGAU
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3. (b) If veteran, name war. 3. (c) Social Security No	ا تا كو		(d) Street No. (If rural, give location)
3. (b) If veteran, name war. 3. (c) Social Security No	SE	(Specify whether	(e) Citizen of foreign country? (Yes or No)
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3. (b) If veteran, name war. 3. (c) Social Security No	PER	3. (a) PRINT Adam M. Howe	To C +)-
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alive	 	l ·	
7. Birth date of deceased November 27, 1864 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 83 1 11		30_1/J	Duration
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(Ifate received local registrar) 3 (Registrar's signature) Address. Date signed.		19. (a) (Date received local registrar) (b) (Registrar a signature)	Address State Husp. Date signed
(Licensed Embalmer's Statement on Reverse Side)		(Licensed Embalmer's Sta	tement on Reverse Side)

Sales Filed
District Health Officer No. 5
RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by							
¥ #		91.6.7		., Registered Apprentice No			
	*						

working under my personal supervision.

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.