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REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 435 Registrar's No. 7	X 29 1	4	STANDARD CERTIF	ICATE OF DEA	TH State File N	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
REC. DIST. NO. 2.3.5 Registrary No.		10 1 9 53		•		
b. CITY (If outside corporate limits, write RURAL and give probable) b. CITY (If outside corporate limits, write RURAL and give probable) TOWN Tipton Rural Company of the company of th	BIRTH NO.		REG. DIST. NO.			
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Type of Print Helen Mary Knipp DEATH JULY 30, 1953 S. SEX Famale White The White	INSTITUTION			1 m	ile spest	
Type of Print Helen Mary Knipp DEATH JULY 30, 1953	NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Monti	h) (Day) (Year)
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ATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE // //) - 2 25 FUNEMALADINECTOR & BIGNATURE - ADDRESS						
REG Conn Funeral				25. FUNERAL DIRECTO	σN Cons	n Füheral
(Licensed Embalmer's Statement on Reverse Side)	49.5-1953	/nro//	<u> </u>	MUNARA		on. Mo.

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
* -	Student Embalmer No.
working under my personal supervision.	
• • • •	Signed Richard D. Conn
Student	Signed Tichard D. Conn

Licensed Embalmer No. 4703

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.