| _ | | 2129 | ✓ | _ | 30 | 40 | /. | . 97 | STATE FILE | E NUMBER |
|------------------|--|---|--|--|---|--|--|--|---|--|
| Reg | istration District No. | X9 | Pri | mary Registration | District No. | Regis | strar's No | 9 _ | | |
| | PLACE OF DEATH | | | | | 2. USUAL | RESIDENCE (W | here deceased | lived. If instituti | on: Residence before |
| ļ | b. CITY (If outside c | 0N/T | FAU | | | a. STAT | EMISSOU | RI b. COUNTY | MONITA | EAU admission) |
| | b. CITY (If outside c | orporate limi | its, give TOWN | NSHIP only) | Length of stay in | 1 lb c. CITY | , | | | Inside Limits |
| ĺ | TOWN CAL | IFOR | NIA | | LIFE | OR TOW | n CAL | IFOR | NIA | Yes 🗷 No 🗆 |
| _ | E444 1 444 44 E E E | | | ation) | Inside Lim | nits d. STRI | EET | (If cutsic | fe, give location) | Reside on Farm |
| | HOSPITAL OR INSTITUTION | OME | IN C | ITV | Yes 😿 No | - | RESS /N/ | CITY | | Yes 🖸 No 🔀 |
| | NAME OF DECEASE | | | | Middle | 1 | 4. D | | Month D | |
| | (Type or print) | | First | _ | | رره ۸ | | OE | | ay Year |
| | | _/^\/ | HK Y | | UISE | <u>C'RU.</u> | <u> </u> | | TEMBER | |
| | SEX | | R OR RACE | 7. Married Widowed | | | ן יייאוט וט | AGE (last birthda | | FEAR IF UNDER 24 I |
| | EMALE | , | ITE | i | BUSINESS OR INDI | | | 77 | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| 1 | USUAL OCCUPATION during most of work | ing life, ever | n if retired) | 1. | | 1 | = = | | .: | OF WHAT COUNTRY |
| R | ETIRED | TEAC! | HER | SCHOOL | • _ • _ • . • • • • • • • • • • • | | LIFORK | | OF HUSBAND OR V | .H. |
| | FATHER'S NAME | | 5 | | NOTHER'S MAIDEN | | 110000 | | | WIFE |
| | ALTER | CK | UM | | -THA | | HODGE | NO | NE | |
| | WAS DECEASED EVE , no, or ugknewp); (I | | | | OCIAL SECURITY N | امما | _ | . | Address | |
| | /V 0 | | | | 5-36-49 | 84 WAL | TER C | RUM, | CALIF | |
| | 18. CAUSE OF DEAT | H (Enter only | / one cause per | r line tor (a) (b) | | | | | | INTERVAL BETWEEN |
| | PAKI I | . DEATH W. | AS CAUSED BY | (: / 7) | ! | | | _ | | ONSET AND DEATH |
| | PAKI I | | AS CAUSED BY DIATE CAUSE (a | (: / 7) | RONA | e4 1 | HOM | Qosi's | - | ONSET AND DEATH |
| | PAKI I | | AS CAUSED BY | (: / 7) | ! | ey T | HAOW ! | Bosis | • | |
| | Conditi | IMMED | AS CAUSED BY | a) | ! | ey T | HOM | Bosis | P | ONSET AND DEATH |
| | Conditi which e above | Ons, if any, gave rise to cause (a), | AS CAUSED BY DIATE CAUSE (2 | a) | ! | ey T | HAD IN | Qosi's | <u>.</u> | ONSET AND DEATH |
| | Conditi which s above stating | ons, if any, igave rise to cause (a), the under- | AS CAUSED BY DIATE CAUSE (a | (t) | ! | ey T. | H/Dun) | Bosis | | ONSET AND DEATH |
| NO | Conditi which s above stating lying | ons, if any, gave rise to cause (a), the under-cause last. | DUE TO (| (c) | ! | | HID IN | PASS PARTITION OF THE P | RT III. If decease | ONSET AND DEATH |
| ATION | Conditi which s above stating lying | ons, if any, gave rise to cause (a), the under-cause last. | DUE TO | (c) | PRONA | | HYD IN | PASS PA | there a pro | ONSET AND DEATH |
| FICATION | Conditi which is above stating lying PART I | ons, if any, gave rise to cause (a), the undercause last. | DUE TO (DUE TO | (c)CONDITIONS CO | ORONA, | DEATH but not r | | | there a pro | ed was female vegnancy in last 90 da |
| ERTIFICATION | Condition which is above stating lying PART I | ons, if any, gave rise to cause (a), the under-cause last. | DUE TO (DUE TO (DIGNIFICANT Condition given | (c)CONDITIONS CO | ORONA, | DEATH but not r | | | there a pro | ed was female vegnancy in last 90 da |
| CERTIF | Conditi which is above stating lying PART I | ons, if any, gave rise to cause (a), the under-cause last. I. OTHER S disease of | DUE TO (DUE TO (DIGNIFICANT Condition given | (b) | ORONA, | DEATH but not r | | | there a pro | ed was female vegnancy in last 90 da |
| CERTIF | Conditivation which above stating lying PART I | ons, if any, gave rise to cause (a), the under-cause last. J. OTHER S disease of Month, Month, | DUE TO (DUE TO (DIGNIFICANT Condition given | (b) | ORONA, | DEATH but not r | | | there a pro | ed was female vegnancy in last 90 da |
| 1 CERTIF | Conditivation which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 19. 20c. TIME OF Hou | ons, if any, gave rise to cause (a), the under-cause last. I. OTHER S disease of Month, | DUE TO (DUE TO (DIGNIFICANT CONDITION GIVEN DENT SUICID Day, Year | (c)CONDITIONS CO | ORO NA | DEATH but not i | CCURRED. (Enter | nature of injur | ithere a program Yes | ed was female vegnancy in last 90 da |
| MEDICAL CERTIF | Condition which is above stating lying PART I PART | IMMED ons, if any, gave rise to cause (a), the under the under disease of 20a. ACCIE | DUE TO (DUE TO (DUE TO (DIGNIFICANT Condition given DENT SUICID Day, Year | (b)(c) | ONTRIBUTING TO I | DEATH but not i | | nature of injur | there a pro | ed was female vegnancy in last 90 da |
| MEDICAL CERTIF | Conditivation which above stating lying PART I PART | IMMED ons, if any, gave rise to cause (a), the under the under disease of 20a. ACCIE | DUE TO (DUE TO (DUE TO (DIGNIFICANT Condition given DENT SUICID Day, Year | (c)CONDITIONS CO | ONTRIBUTING TO I | DEATH but not i | CCURRED. (Enter | nature of injur | ithere a program Yes | ed was female vegnancy in last 90 da |
| MEDICAL CERTIF | Condition which is above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO CONTINUE OF HOUSE INJURY ROWN P.m. 20d. INJURY OCCURE WHILE AT WORLD NOT WHILE AT | ons, if any, gave rise to cause (a), the undercause last. OTHER 5 disease of Month, cause last. | DUE TO (DUE TO (DIGNIFICANT CONDITION GIVEN DENT SUICID | (b)(c) | ONTRIBUTING TO I | DEATH but not r E HOW INJURY O | OWN, OR LOCA | nature of injur | y in PART I or PAR | ed was female vegnancy in last 90 da |
| MEDICAL CERTIF | Conditivation which above stating lying PART I PART | IMMED ons, if any, gave rise to cause (a), the under- cause last. I. OTHER S disease of 20e. ACCIII Month, EED K | DUE TO (DUE TO (DIGNIFICANT CONDITION GIVEN DENT SUICID | (c) | 20b. DESCRIBE | DEATH but not of the HOW INJURY Of the Property of the Propert | OWN, OR LOCA | nature of injure | y in PART I or PAI | ed was female vegnancy in last 90 da No Unknow RT II of item 18.) |
| MEDICAL CERTIF | Conditivation which above stating lying lying PART I 19. WAS AUTOPSY PERFORMED? YES NO COLOR INJURY a.m p.m 20d. INJURY OCCURF WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT Death occurred | IMMED ons, if any, gave rise to cause (a), the under- cause last. I. OTHER S disease of 20e. ACCIII Month, EED K | DUE TO (DUE TO (DUE TO (DIGNIFICANT Condition given DENT SUICID Day, Year 20e. PLACE farm, | (c) CONDITIONS CO in PART I (a) E OF INJURY (c.) factory, street, or 2:00 | 20b. DESCRIBE | DEATH but not of the HOW INJURY Of the Late states | OWN, OR LOCA | nature of injure | y in PART I or PAR | ed was female vegnancy in last 90 da No Unknot Unk |
| MEDICAL CERTIF | Conditivation which above stating lying PART I PART | ons, if any, gave rise to cause (a), the under-cause last. I. OTHER S disease of Month, | DUE TO (DUE TO (DUE TO (DIGNIFICANT C CONDITION SUICID Day, Year 20e. PLACE farm, | (c) CONDITIONS CO in PART I (a) E OF INJURY (e., factory, street, o 2:00 great or title) | 20b. DESCRIBE | DEATH but not of the HOW INJURY Of the Property of the Propert | OWN, OR LOCA | nature of injure | y in PART I or PAI | ed was female vegnancy in last 90 da No Unknow RT II of item 18.) STATE 116 0 The causes stated. |
| · MEDICAL CERTIF | Conditivation which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO DEPART NO DEPART NO DEPART NOT WHILE AT WOR | ons, if any, gave rise to cause (a), the under-cause last. I. OTHER S disease of Month, | DUE TO (DUE TO (DIENT SUICID Day, Year 20e. PLACE farm, | (c) | 20b. DESCRIBE | DEATH but not r E HOW INJURY Of the Lorentz of the date states of the date states of the lorentz of the lorent | OWN, OR LOCA Manual Last s d above, and to sees a | TION The him alive on the best of my l | COUNTY COUNTY knowledge, from t | ed was female very segnancy in last 90 da Unknown RT II of item 18.) STATE 156 o he causes stated. 22c. DATE SIGN 9 - 2 1 - 6 |
| MEDICAL CERTIF | Conditivation which above stating lying lying PART I 19. WAS AUTOPSY PERFORMED? YES NO COLOR INJURY A.M. P.M. 20d. INJURY OCCURR WHILE AT WORL NOT | ons, if any, gave rise to cause (a), the under-cause last. I. OTHER S disease of Month, | DUE TO (DUE TO (DIENT SUICID Day, Year 20e. PLACE farm, | (c) CONDITIONS CO in PART I (a) E OF INJURY (e., factory, street, or determined or title) A 2: 00 Green or title) | 20b. DESCRIBE 20b. DESCRIBE 20b. DESCRIBE 20b. DESCRIBE | DEATH but not of the property of the date states of the date states of the property of the date states of th | OWN, OR LOCA Mo and last s d above, and to s ESS - 23d. LO | TION her alive or the best of my l | COUNTY COUNTY knowledge, from town, or county) | ed was female very signancy in last 90 da grancy in last 90 da last 11 of item 18.) STATE 156 0 he causes stated. 22c. DATE SIGN 9 -2 /-6 (State) |
| MEDICAL CERTIF | Conditivation which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO DEPART NO DEPART NO DEPART NOT WHILE AT WOR | ons, if any, gave rise to cause (a), the under-cause last. I. OTHER S disease of Month, | DUE TO (DUE TO (DUE TO (DIGNIFICANT Condition given DENT SUICID Day, Year 20e. PLACE farm, (Dent) | (c) CONDITIONS CO in PART I (a) E OF INJURY (e., factory, street, o 2:00 Great or title) AU 23c. NAMI | 20b. DESCRIBE 20b. DESCRIBE | DEATH but not of the property of the date states of the date states of the control of the contro | OWN, OR LOCA The and last s d above, and to the second se | TION where alive or the best of my leading (City, | COUNTY COUNTY knowledge, from town, or county) CRNIA | ed was female very segnancy in last 90 da Unknown RT II of item 18.) STATE 156 o he causes stated. 22c. DATE SIGN 9 - 2 1 - 6 |
| WEDICAL CERTIF | Conditivation which is above attaining lying PART I 19. WAS AUTOPSY PERFORMED? YES NO D 20c. TIME OF Hou INJURY OCCURE WHILE AT WOR NOT WHILE AT 21. I attended the dipeath occurred 22a SIGNATURE BURIAL, CREMATION | ons, if any, gave rise to cause (a), the under-cause last. I. OTHER S disease of Month, | DUE TO (DUE TO (DUE TO (DIGNIFICANT Condition given DENT SUICID Day, Year 20e. PLACE farm, (Dent) | (c) CONDITIONS CO in PART I (a) E OF INJURY (e., factory, street, or determined or title) A 2: 00 Green or title) | 20b. DESCRIBE 20b. DESCRIBE 20b. DESCRIBE 20b. DESCRIBE | DEATH but not of the HOW INJURY Of the Late states and the date states are considered as a constant of the Late states are con | OWN, OR LOCA The and last s d above, and to the second se | TION her alive or the best of my l | COUNTY COUNTY knowledge, from town, or county) CRNIA | ed was female very signancy in last 90 da grancy in last 90 da last 11 of item 18.) STATE 156 0 he causes stated. 22c. DATE SIGN 9 -2 /-6 (State) |

0381 ♣ 1360

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is | recorded on the reverse side of this certificate was embalmed b |
|--|---|
| or by | , Student Embalmer No |
| working under my personal supervision. | Signed Line C. M. |
| Student | Signed Call |
| Signature of Student Embalmer | Licensed Embalmer No. |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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