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3. WAS DECRASED EVER IN U. S. ARMED FORCEST You be not added of services NO N			TOTT OUT	rerum					1	
NO N	MIL)	liam Mar	ion Cook		b	Francis P	helan			
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20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a.m., p. m. 20d. INJURY OCCURRED WHILE AT INDIVENT OF INJURY (e. g., in or about home, farm, factory, street, office oldg., etc.) 20d. INJURY OCCURRED WHILE AT INDIVENT OF INJURY (e. g., in or about home, farm, factory, street, office oldg., etc.) 20d. INJURY OCCURRED WHILE AT INDIVENT OF INJURY (e. g., in or about home, farm, factory, street, office oldg., etc.) 20d. INJURY OCCURRED OCC	<u> </u>			CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DISE	ASE CONDITION G	GIVEN IN PART I(a)	اما	PERFORMED!
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(Licensed Embalmer's Statement on Reverse Side)	21 22 22 22 23 Bu RE	I. INJURY OCCU	RRED OF PLACE SATE STATE	(Degree or little)	m on the dat	stated above; and 12b. Adaptes	d to the bear	st saw him all to of my knowled to the country knowled to the country town.	ive on the odge County	he causes state 22c. DATE SIGNED
	21. 22. 23a. Bur 24. Fur	I STEER CONTROL OF THE PROPERTY OF THE PROPERT	RRED SOF PLACE SATE STATE STAT	Degree or title	m on the date	stated above; and 120. Adgress dend to proper dend	d to the been 23d. LOCATI	on (City, town.	county)	he causes state 22c. DATE SIGNED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em Student Embalmer No......

working under my personal supervision..

Signature of Student Embalmer

Donald P. Freeman

Licensed Embalmer No....46

P. O. Address .. Jeff City. 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I to comply 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.' 1