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21d. TIME (Mooth) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	.ctory, street, office bidg., etc.)	1 Boonvil	G	Cook	in me
OF WHILE AT NOT WHILE IN HIS WOOK AT WOOK	e. INJURY OCCURRED	21f. HOW DID INJU	IRY OCCUR?		
	MORK AT WORK	ור	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	eu ji <i>on</i> i	,,	-		
					23c. DATE S
alive on $\mathcal{J} = \mathcal{I}$ , 1950, and that death occurred at $I$ $\mathcal{J}^{\delta}$ $\mathcal{I}^{m}$ , from the causes and on the date stated above.	1 De pla	Boomen	. mo	to the period	2.3.5
alive on <u>G-L</u> , 1950, and that death occurred at 1.38 9m., from the causes and on the date stated above.  23. SIGNATURE (Degree or title)   23b. ADDRESS   23c. DATE S	240 NAME OF CEMETER	ERY OR CREMATORY	24d, LOCATION	(City, town, or co	<u> </u>
alive on <u>9-2</u> , 1950, and that death occurred at 130 gm., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)   23b. ADDRESS   23c. DATES    D1-16-16-16-16-16-16-16-16-16-16-16-16-16			NEASSE		M
alive on <u>A-R</u> , 1950, and that death occurred at <u>IB</u> am, from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE S  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (S)					· I'I'U
alive on 9-2, 1950, and that death occurred at 138 gm., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE S  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (STON, REMOVAL (Remany)  24d. LOCATION (City, town, or county)  (STON, REMOVAL (Remany)  (STON, RemoVAL (R	-0 421	A 25 FUNERAL DIR	ECTOR'S SIGNAT	TURE	ADDRESS
alive on 9-2, 1950, and that death occurred at 130 gm., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  (Degree	Al 72	25. FUNERAL DIE	ECTOR'S SIGNAT	TURE	ADDRESS
	ii Nidor Ol Complete We come	DUE TO (c) DITIONS eath but not in causing death.  PERATION  FINJURY (e.g., in or about the control of the cont	DUE TO (c)  DITIONS  eath but not in causing death.  PERATION  FINJURY (e.g., in or about story, street, office bidg., etc.)  E. INJURY OCCURRED  HILE AT WORK AT WORK 21f. HOW DID INJURY OF CURRED at death occurred at 1 2 9 m., from (Degree or title)  CAC. NAME OF CEMETERY OR CREMATORY	DUE TO (c) Cold I III  DITIONS  eath but not in causing death.  PERATION  FINJURY (e.g., in or about story, street, office bidg., etc.)  E. INJURY OCCURRED  BLEAT NOT WHILE ORK AT WORK  d from 2	DUE TO (c) Cold I live  DITIONS  eath but not in causing death.  PERATION  FINJURY (e.g., in or about story, street, office bidg., etc.)  E. INJURY OCCURRED  ILLE AT WORK AT WORK  d from 2

RECEIVED FEB 0 District Health Officer No. 8. District File Number\_\_\_ Date Filed 2-23-50

F. C.	
<b>S</b>	<b>.</b>

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of	of this certificate	was embalm	ed by me, or	by	
	, Studen	t Embalmer	No	***************	
working under my personal supervision.	•	_	•		

Student Embalmer

Signed to, albert Hombeel

Licensed Embalmer No.27/4

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.