TOTAL COLOR OF RACE   7. MARRIED. NEVER MARRIED. NE			THE DIVISION OF H			COPINS P
A PRIMARY REG. DIST. NO. 22/ PRIMARY REG. DIST. NO. 3723 Registrer's No. 318TN NO. 3724 Registrer's No. 3724 Regis	IEBOCT 24	1932	STANDARD CERTI	FICATE OF DEAT	H State File No.	35735
1. PLACE OF DEATH  a. COUNTY MONITERIL CO  D. CITY UI resided compania limits, write RURAL and give a solution of the county of			BEC DIET NO 921	PRIMARY DEC. DIST. NO	<i></i>	
B. COUNTY  D. CITY OF contides companied limits, write a URAL and given by the continue of the		TU	TREE. DIST. NO. CLEST		CF (Where decreed lived 16 to	
b. CITY (If emulde emporate limits, write RURAL and three Cornellos) TOWN RURAL LIND TOWN RURAL LIND TOWN RURAL LIND A COLOR OF RACE HISTORY RURAL LIND A COLOR OF RACE HISTORY RURAL SIRRET GOVERNMENT OF COLOR OF RACE HISTORY DIVIN NEWTON RURAL LIND A COLOR OF RACE HISTORY DIVIN NEWTON RURAL LIND A COLOR OF RACE HISTORY DIVIN NEWTON SIRRED SIPER MARRIED, S. SEX SEX SIRRET H. 2 Jamestourn MO C. (Last)  4. DATE C. (Month) DAY (Yea ADDRESS Rt. # 2 Jamestourn MO C. (Last)  5. SEX SIRRET GOVERNMENT LIND C. (Last)  4. DATE C. (Last) ADDRESS Rt. # 2 Jamestourn MO C. (	a. COUNTY			a. STATE	b. COUNTY	ad stim
TOWN RUPS   Linn   74 Yrs   10WR RUPS   Linn   10WR RUPS   Linn				0.71	<del></del>	
THE NAME OF GIT and in beneficial or institution, give stress address or footibon.  Note: The name of	_OR _		township) STAY (in this place	oll OR		
HOSPITAL OR HISTORION RETAIL OF HISTORION RETAIL R				<u> </u>		inn 🕖
3. NAME OF DECEASED DECEASED TO DECEASE DECEASED TO DE	HOSPITAL OR		_	ADDRESS		Mo
Type or Printy   New Con   Trace   Type or Printy   New Con   Type   Type or Printy   New Con   Type   Ty	3. NAME OF	a. (First)	b. (Middle)	c. (Last)		(Day) (Yest
8. SEX MARIED COLOR OR RACE   7. MARRIED NEVER MARRIED NEV		eviton	Tra	Pennington	DEATHO + 18	1052
Male White Single Wilder, of Country Single Wilder, said terreday Single W	<del></del>		1.7. MARRIED, NEVER MARRIED.		9. AGE (In years # thin	IN I THAN IF IMPORT A
100. ISUAL OCCUPATION (Chryshied of solt of the decay down of working life, even if writed)  OVIT HOME  OVIT HOME  OVIT HOME  OVIT HOME  OVIT HOME  II. BIRTHPLACE (GIT) and STATURE COUNTRY)  III. STATURE'S MAINE  LEVI Permination  Manarya Darring  III. SA III. MAKE OF HUSBARD OR WIFE  LOVI Permination  Manarya Darring  III. SINFORMANT'S SIGNATURE OR NAME  LOVI Permination  Manarya Darring  III. SINFORMANT'S SIGNATURE OR NAME  ADDRESS  OVIT HOME  Manarya Darring  III. SINFORMANT'S SIGNATURE OR NAME  ADDRESS  ADDRESS  OVIT HOME  MANAGE OF HUSBARD OR WIFE  13. MANGE OF HUSBARD OR WIFE  MANAGE OF HUSBARD OR WIFE  14. MAKE OF HUSBARD OR WIFE  MANAGE OF HORSAND OR WIFE  15. WAS DICCASED EVER IN U.S. ARRED FORCEST)  III. SOCIAL SECURITY  NOTH  MEDICAL CERTIFICATION  OR CHARLES OR CONDITION  MEDICAL CERTIFICATION  OR CHARLES OR CONDITION  MEDICAL CERTIFICATION  OR CHARLES OR CONDITION  OR CHARLES OR CONDITION  ANTECEDENT CAUSE death but and created with but and related to the disease of early death but and related to the disease of early death but and related to the disease or endition counting death.  OTHER SIGNIFICANT CONDITIONS  OR CHARLES OR CONDITION  ON THE SIGNIFICANT CONDITIONS  OR CHARLES OR CONDITIONS  OR CHARLES OR CONDITION  ON THE SIGNIFICANT CONDITIONS  OR CHARLES OR CONDITIONS  OR CHARLES O	Male VIW	hite	WIDOWED, DIVORCED (Specify)	Dec 20 1875		
COUNTRY!    COUNTRY   COUNTRY   COUNTRY   COUNTRY   COUNTRY				AL DISTURBACE	, , , , , , , , , , , , , , , , , , , ,	12. CITIZEN OF W
38. FATHER'S NAME  Levi Pennington  Menerus Decare  Menerus De	done during most of working	ng life, even if retired)	DUSTRY	· ·	0	
Levi Pennington   Manerya Degring   15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   18. SO			<del></del>		A. NAME OF HUSBAND OR WI	
15. MAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE OR NAME ADDREST 18. SOCIAL SECURITY IV. INFORMANT'S SIGNATURE ADDRESS		<b>. .</b>	1	_		-
NO. A. CERMINICO DE STATE  SOLUTION OF DEATH Solve only one occuse per In DIRECTLY LEADING TO DEATH*(a)  ANTECEDENT CAUSES  DUE TO (b)  JULY CAUSE OF CAUSES  TO AUTOPSY!  TEST MAN ANTECEDENT CONDITIONS  CONDITION  ANTECEDENT CONDITIONS  CONDITION  ANTECEDENT CAUSES  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  CONDITION  ANTECEDENT CAUSES  DATE OF CONTROL  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DATE OF CONTROL  ANTECEDENT CAUSES  DATE OF CONTROL  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DATE OF CONTROL  ANTECEDENT CAUSES  ANTECEDENT					SIGNATURE OR NAME	ADDRES
MEDICAL CERTIFICATION	Yee, no. or unknown) (If		s of service)   NO:	POD	- T. d. 2	n
Enter only one cause per line for (a), (b), and (c)  "This does not make a horizon one cause (a) the conditions of sping, such as heart failure, asthemia, the mote of sping, such as heart failure, asthemia, the mote of sping, such as heart failure, asthemia, the mote of sping, such as heart failure, asthemia, the mote of sping, such as heart failure, asthemia, the moter spin which coursed death.  DUE TO (c)  10. OTHER SIGNIFICANT CONDITION  DUE TO (c)  11. OTHER SIGNIFICANT CONDITION  DUE TO (c)  11. OTHER SIGNIFICANT CONDITION  DUE TO (c)  12. OTHER SIGNIFICANT CONDITION  DUE TO (c)  13. DATE OF OPERA- TION  Els. ACCIDENT  SIGNICIDE  Bla. ACCIDENT  SIGNIFICANT Conditions contributing to the death but not related to the disease or condition constring death.  29. AUTOPSYT  VES  NO  Bla. ACCIDENT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  Bla. ACCIDENT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  COUNTY)  STATE  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  ADDRESS  DUE TO (b)  SIGNIFICANT  COUNTY  STATE  SIGNIFICANT  SIGNIFICANT  ADDRESS  DUE TO (c)  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  ADDRESS  DUE TO (b)  SIGNIFICANT				CERTIFICATION .	well the service	I INTERVAL BETW
*This does not mean the mode of sping, such as heart fedium, astheroid, for the above cause (a) darling the means the discount of the above cause (a) darling the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Oraditions contributing to the death but not related to the disease or condition couring death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  293X  20. AUTOPSYT TEN  18b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  18b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (c., in or about Suicide Majority)  21c. (CITY, TOWN, OR TOWNSHIP)  18d. TIME  (Month)  (Day)  (Town)  (Town)  18d. TIME  (Month)  (Day)  (Town)  18d. Time  (Month)  (Day)  (Town)  21e. INJURY OCCURRED  WHILLIAT  NOT WHILLIAT  18d. Time  22d. ADDRESS  22d. Jack  22d. Jack  22d. Jack  22d. SIGNATURE  22d. SIGNATURE  22d. SIGNATURE  22d. SIGNATURE  22d. DATE SIGNATURE  22d. LOQATION (Otty, town, or county)  22d. DATE SIGNATURE  22d. LOQATION (Otty, town, or county)  22d. DATE SIGNATURE  22d. LOQATION (Otty, town, or county)  22d. DATE SIGNATURE  22d. DATE SIGNATURE  22d. DATE SIGNATURE  22d. DATE SIGNATURE  22d. LOQATION (Otty, town, or county)  22d. DATE SIGNATURE  22d. DATE	· · · · · · · · · · · · · · · · · · ·	I. DISEASE OR C			<b>V</b> .	ONSET AND DE
Morbid conditions, if any, giring DUE TO (b)  Morbid conditions, if any, giring DUE TO (b)  Morbid conditions, if any, giring DUE TO (c)  Morbid conditions, if any, giring DUE TO (b)  Morbid conditions, if any, giring DUE TO (c)  Morbid conditions, if any, giring DUE TO (c)  Morbid conditions, if any, giring DUE TO (c)  Morbid conditions, if any, giring DUE TO (b)  Morbid conditions, if any, giring DUE TO (c)  Morbid conditions of the declar season of the decla season of the declar season of the decl		DIRECTLY LEAD	DING TO DEATH*(a)	menna	<del></del>	<u>-  </u>
Months mode of sping, such as heart failure, eschesials, the 18 ment failure, eschesials, the 18 ment failure, as the above cause (c) stating the 18 mentifying cause last.  DUE TO (c)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA-  TION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about NOMICIDE  19c. DATE (Bosetty)  Elia. ACCIDENT  HOMICIDE  10b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  COUNTY)  COUNTY  COUNTY	*This does not mean			- O.	· AA	
DUE TO (c)    DUE TO (c)	he mode of dying, such	Morbid condition	us, if any, giring DUE TO (b)	yest laure	un decermina	<u> </u>
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  12. OTHER SIGNIFICANT CONDITIONS  13. DATE OF OPERATION  14. DATE OF OPERATION  15. DATE OF OPERATION  15. DATE OF OPERATION  16. DATE OF OPERATION  17. DATE OF OPERATION  18. DATE OF OPERATION  19. DATE OPERA		the underlying co	couse (a) maring	<i>VI.</i>	• • • •	
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  293 × 20. AUTOPSY?  19b. MAJOR FINDINGS OF OPERATION  293 × 20. AUTOPSY?  19b. MAJOR FINDINGS OF OPERATION  293 × 20. AUTOPSY?  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (n.g., to or about SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP)  21d. COUNTY)  21d. COUNTY)  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. HOW DID INJURY OCCUR?  21d.	ase, injury, or complica-					-l
Pa. DATE OF OPERATION  TION  19b. MAJOR FINDINGS OF OPERATION  293 X  10b. Major	ion which caused death.			Malautuk	M · DOLLIN	1 '
TION  293X  YES  NO  RIA. ACCIDENT SUICIDE HOMICIDE  10. PLACE OF INJURY (o.g., in or about better, in or about better, farm, factory, street, office bidg., org.)  21c. (CITY, TOWN, OR TOWNSHIP)  Tampeting 142 Wantagen Will  21d. How DID INJURY OCCUR?  21d. How DID INJURY OCCUR?  21d. How DID INJURY OCCUR?  22d. I hereby certify that I attended the deceased from 10 - 1 3, 19 32, to 10 - 1 8, 19 32, that I last saw the deceased alion on 10 - 1 19 32, and that death occurred at 1 + 5 P m., from the causes and on the date stated above.  22d. SIGNATURE  (Degree of title)  23b. ADDRESS  24c. NAME OF CEMETERY OR CREMATORY  24d. LOPATION (City, town, or county)  (Signature)  24d. NAME OF CEMETERY OR CREMATORY  24d. LOPATION (City, town, or county)  (Signature)  25. Funeral Director's Signature  (PLACE OF TIME ALL CREMA ADDRESS  (PLACE OF TIME A		related to the disc	one or condition couring death.		on, record	1.
216. PLACE OF INJURY (e.g., is or about SUICIDE HOMICIDE  216. TIME (Mosts) (Day) (Toar) (Hour) 216. INJURY OCCURRED WHILE NOT WHILE WORK 217. HOW DID INJURY OCCUR?  217. How Did Injury occur?  218. Burial. Crema 226. Date 226. Name of cemetery or crematory 236. Burial 226. Name of cemetery or crematory 236. Date 326. Name of cemetery or crematory 236. Date 336. D						·
SUICIDE  HOMICIDE  NOT (Hour)  Lie. INJURY OCCURRED  WHILE INDURY OCCURRED  WHILE AT WORK  AT WORK  21f. HOW DID INJURY OCCUR  22f. 19 52 that I last saw the dece  alive on 10 1 5 that I last saw that I last saw the dece	9a. DATE OF OPERA-	196. MAJOR FIN			2 12 1	I —
21d. TIME (Month) (Day) (Four) (Hour) 21c. INJURY OCCURRED OF INJURY)  21f. HOW DID INJURY OCCUR?  22f. HOW DID IN	9a. DATE OF OPERA- TION	196 MAJOR FIA				YES . NO
WHILEAT NOT WHILE  22. I hereby certify that I attended the deceased from 10-12 19-2 to 10-18, 19-32 that I last saw the deceased alive on 19-12, and that death occurred at 11-12 m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree of title)  23b. ADDRESS  (Degree of title)  24c. NAME OF CEMETERY OR CREMATORY  24d. LOPATION (Oby, town, or county)  24d. BURIAL CREMA 24b. DATE  10/20/52  Injon Cometery  25: Tuneral Director's Signature  26. ADDRESS  (State of the causes and on the date stated above.  25c. DATE SIGNATURE  26. DATE SIGNATURE  27. TUNERAL DIRECTOR'S SIGNATURE  ADDRESS  (State of the causes and on the date stated above.  (State of the causes and on the date stated above.  26. DATE SIGNATURE  27. TUNERAL DIRECTOR'S SIGNATURE  ADDRESS  (CREMATORY)  ADDRESS	. TION		IDINGS OF OPERATION  21b. PLACE OF INJURY (s.g., to or about			YES . NO
22. I hereby certify that I attended the deceased from 10-13, 19-32, to 10-18, 19-52, that I last saw the decease of alive on 19-12, and that death occurred at 1/45P m., from the causes and on the date stated above.  230. SIGNATURE  (Degree of title)  230. ADDRESS  (Degree of title)  240. BURIAL. CREMA  240. DATE  240. NAME OF CEMETERY OR CREMATORY  240. LOPATION (Only, town, or county)  250. TUNERAL DIRECTOR'S SIGNATURE  (State of the causes and on the date stated above.  250. DATE SIGNATURE  260. DATE SIGN	. TION		IDINGS OF OPERATION  21b. PLACE OF INJURY (s.g., to or about			YES . NO
alive on	TION  TION  TION  TION  SUICIDE  HOMICIDE  TION  SUICIDE  HOMICIDE	(Specify)	21b. PLACE OF INJURY (s.g., to or about botton, farm, factory, street, office bidg., one.  (Hour)   21e. INJURY OCCURRED	James	WASHIP) R42 Wan	YES . NO
alive on	TION  TION  TION  TION  SUICIDE  HOMICIDE  TION  SUICIDE  HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., is or about botton, farm, factory, street, office bidg., etc.  (Hour) 21e. INJURY OCCURRED WHILE TO NOT WHILE	James	WASHIP) R42 Wan	YES 🔲 NO
236. SIGNATURE  (Degree of title)  (Degree of title	TION  Ria. ACCIDENT SUICIDE HOMICIDE Rid. TIME (Menth) OF INJURY	(Bucily) (Day) (Year)	21b. PLACE OF INJURY (s.g., is or about bette, farm, factory, street, office bidg., osc.  (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	James 211. HOW DID INJURY OC	WHISHIP) R42 (COUNTY)	VES D NO STATES
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRARY SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRATY SIGNATURE  DETAIL TO COMPANY TO THE REC'D BY LOCAL REGISTRARY	tia. ACCIDENT SUICIDE HOMICIDE  Ind. TIME (Mesch) OF INJURY  12. I hereby certify i	(Bpecity)  (Day) (Tour)  that I attended	21b. PLACE OF INJURY (s.g., to or about better, farm, factory, street, office bidg., one.  CHOSET)  21c. INJURY OCCURRED WHILE AT WORK  The deceased from LU -/ 3	211. HOW DID INJURY OC	WHISHIP) RAZ WAM COURTY)  LUN RAZ WAM COURT	VES NO NO STATE)  Lean, Wi
Birial 10/20/52 Union Cometent Tomaston 10 Address  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 199 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Det 72-952 Jada M. Suswin Earl Bouling. Crispoinia	ACCIDENT SUICIDE HOMICIDE HOMICIDE HOLORY INJURY  22. I hereby certify to alive on	(Bpecity)  (Day) (Tour)  that I attended	21b. PLACE OF INJURY (a.z., in or about better, farm, fastery, street, office bidg., etc.  (Hour) 21c. INJURY OCCURRED WHILE AT WORK AT WORK 1  (the deceased from 111 -1 7  2, and that death occurred at	211. HOW DID INJURY OC 211. HOW DID INJURY OC 1952 to 10- 1/45P m., from the	WHISHIP) RAZ WAM COURTY)  LUN RAZ WAM COURT	VES NO STATE.  COAN W.  ast saw the dece
Birial 10/20/52 Union Cometent Tomastam 10 Address  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 199 25: TUNERAL DIRECTOR'S SIGNATURE ADDRESS  Det 72-952 Jada M. Suow O Earl Boul California	ACCIDENT SUICIDE HOMICIDE HOMICIDE HOLORY INJURY  22. I hereby certify to alive on	(Bpecity)  (Day) (Tour)  that I attended	21b. PLACE OF INJURY (a.z., in or about better, farm, fastery, street, office bidg., etc.  (Hour) 21c. INJURY OCCURRED WHILE AT WORK AT WORK 1  (the deceased from 111 - 1  2, and that death occurred at	211. HOW DID INJURY OC 211. HOW DID INJURY OC 1952 to 10- 1/45P m., from the	WHISHIP) RAZ WAM COURTY)  LUN RAZ WAM COURT	VES NO STATE)  CONTROL  CONTRO
DATE REC'D BY LOCAL REGISTRATES SIGNATURE 194 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS  DET 22-1952 Lade M. Susur D. Eedel Boul Colifornia	TION  RIA. ACCIDENT SUICIDE HOMICIDE RIG. TIME (Mesta) OF INJURY  12. I hereby certify t alive on	(Dur) (Tear) that I attended	IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about beene, farm, factory, street, office bidg., ea.  (Hour)   21e. INJURY OCCURRED   WHILE AT   NOT WHILE   WORK   AT WORK    the deceased from	211. HOW DID INJURY OC 211. HOW DID INJURY OC 1952 to 10- 1745 Pm., from the of	WINSHIP)  RH2 Man  COUNTY)  Linn RH2 Man  COURT  18 1 L  Causes and on the date sta  Leform Ma	STATE CONTROL OF THE PROPERTY
Det 22-1952 Gada M. Suow B Earl Boul - California	TION  Ita. ACCIDENT SUICIDE HOMICIDE  Itd. TIME (Mesch) OF INJURY  12. I hereby certify to alive on  Cla. SIGNATURE  Ac. BURIAL, CREMA TION, REMOVAL deads	(Bpecity)  (Day) (Tour)  that I attended  193	ZID. PLACE OF INJURY (e.g., is or about botton, farm, factory, street, office bidg., etc.  (Hour) Zie. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK  At WORK  L, and that death occurred at  (Degree of title)  Zic. NAME OF CEMETE	211. HOW DID INJURY OF	WHISHIP) (COUNTY)  LIM PA 2 Man  COURT  18 52 that 1 the  causes and on the date sta  Liferim Ma  Life	STATE CONTROL OF THE PROPERTY
181 22 195d Made M mow of cear Bourn California	TION  Ita. ACCIDENT SUICIDE HOMICIDE  Itd. TIME (Mesch) OF INJURY  2. I hereby certify to alive on  Ba. SIGNATURE  ALL. CREMA HIGH ADMONAL Objects Birrial	(Bpecity)  (Day) (Tear)  that I attended  (L. 193)  245. DATE  10/20/	ZID. PLACE OF INJURY (e.g., is or about bottom, farm, factory, street, office bidg., etc.  (Hour) ZIC. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK  The deceased from 10 -1 -7  Z, and that death occurred at (Degree of title)  ZIC. NAME OF CEMETE  INJ. OD. Come	211. HOW DID INJURY OF	WINSHIP)  RA 2 Man  COURT  18 7 19 57 that I to  causes and on the date sta  Liferian Ma  Lightion (Otty, town, or co	ast saw the decented above.    22c. DATE SIGN   10-20-3
(Licensed Embalmer's Statement on Reverse Side)	TION  Ita. ACCIDENT SUICIDE HOMICIDE  Itd. TIME (Mesch) OF INJURY  2. I hereby certify to alive on  Ba. SIGNATURE  ALL. CREMA HIGH ADMONAL Objects Birrial	(Bpecity)  (Day) (Tear)  that I attended  (L. 193)  245. DATE  10/20/	ZID. PLACE OF INJURY (e.g., is or about bottom, farm, factory, street, office bidg., etc.  (Hour) ZIC. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK  The deceased from 10 -1 -7  Z, and that death occurred at (Degree of title)  ZIC. NAME OF CEMETE  INJ. OD. Come	211. HOW DID INJURY OF	WINSHIP)  RA 2 Man  COURT  18 7 19 57 that I to  causes and on the date sta  Liferian Ma  Lightion (Otty, town, or co	ast saw the deceded above.    Zec. DATE SIGN   10-29-5

I hereby certify that the body whose name is recorded on the reverse side of this o	certificate v	vas embalm	ed by me, o	r by
· · · · · · · · · · · · · · · · · · ·	Student	Embalmor	to	<del></del>
orking under my personal supervision.				

tudent Signed Earl Bourles

Licensed Embalmer No. 2126

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.