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20c. TIME OF Hour Month, Day, Year INJURY a. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21: Pattended the deceased from Mach 1950, to Jan 14, 57 and last saw her him alive on from the day stated above; and to the best of my knowledge. (com the causes 22a. SIGNATURE 22a. SIGNATURE (Degree or title) 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. DATE 23d. BURIAL, CREMATION, PREMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE OWNCOM DEMOVAL OF THE PROPERTY OF CREMETERY OF CREME	20c. TIME OF Hour Month, Day, Year INJURY a.m., p. m. 20d. INJURY OCCURRED WHILE AT MORK DOOR STREET, Office bldg., etc.) 21: Pattended the deceased from Mach 1950, to family and to the best of my knowledge. Com the causes 21: Fattended at 1.50 Am mon the day stated above; and to the best of my knowledge. Com the causes 22a. SIGNATURE 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE (Degree or title) 23d. BURIAL, CREMATION, PREMOVAL (Specify) 1-7-1957 11t. Zion Cemetery 12d. REGISTRAR'S SIGNATURE (Mach 2002) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE (Mach 2002) 26. REGISTRAR'S SIGNATURE (Mach 2002) 27. DATE 28. PART RECO. BY LOCAL REG. 28. REGISTRAR'S SIGNATURE (Mach 2002) 29. CITY, TOWN, OR LOCATION COUNTY 1.50		1	. DESCRIBE NOW INJURY OCCUR	neo. Lemer naure of mit	ary and a discript regist 11 0) went 10.)	
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213: l'attended the deceased from Mach 1950, to face 14,57 and last saw her alive on face 7,19 Death occurred at 11.50 Am mon the dat stated above; and to the best of my knowledge, from the causes 220. SIGNATURE Sharp 200. 220. DATE 220. DATE 230. DATE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	21: l'attended the deceased from Mach 1950, to Jan 14,57 and last saw her him alive on Jan 7, 19 Death occurred at 11.50 Am mon the datastated above; and to the best of my knowledge, from the causes 220. SIGNATURE Shap 200. 230. BURIAL, CREMATION. REMOVAL (Specify) -17-1957 Mt. Zion Cemetery 23d. LOCATION (City, town, or county) Burnal Director Address 25. Date Reco. By Local Reg. 26. Registrar's SIGNATURE 24. FUNERAL DIRECTOR Address 25. Date Reco. By Local Reg. 26. Registrar's SIGNATURE Duncam Fumeral Home Mtm. View, Mr. Year 1-57 100 100 100 100 100 Duncam Fumeral Home Mtm. View, Mr. Year 1-57 100 100 100 100 Duncam Fumeral Home Mtm. View, Mr. Year 1-57 100 100 100 Death occurred at 11.50 100 100 100 Death occurred at 11.50 Death occurred at 11.	WHILE AT N	RRED 20e. PLACE OF farm, fact	INJURY (e.g., in or about home tory, street, office bldg., etc.)	, 20/. CITY, TOWN, OR LO	OCATION	COUNTY	ST
Death occurred at	Death occurred at	-	he deceased from M		Agn 14,57	_and last saw her a	live on Acu	7, 195
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Ouncan Frimeral Home Mitn. View, Mr. 2000 VIII William Comercial W	Ouncan Frimeral Home Mitn. View, Mrs. 200 Plant 126. REGISTRAR'S SIGNATURE	23a. BURIAL, CREMATION,	230. DATE	23c. NAME OF CEMETERY OR	CREMATORY 23	d. LOCATION (City, town	, or county)	(State)
Juncan Frimeral Home Mtn. View, Mrs. 25. Date reco. By Local reg. 26. Registrar's signature	Juncan Frimeral Home Mtn. View, Mrs. Son 21.37 (26. REGISTRAR'S SIGNATURE)	BUTUAL	11-17-1957					
		24. FUNERAL DIRECTOR		C	٠			,
// tarana Embalmada Cana film and Dannara Ethan	(Licensed Empainer a Statement on Keverse Side)	surkant our			A	11 /1		<u>~~</u>

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en by me, or by, Student Embalmer No...

working under my personal supervision..

Student Signature of Student Embalmer Signed. Licensed Embalmer No.

P. O. Addres

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (

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.