No. 2 -8-43 17-39	DEPARTMENT OF COMMERCE FILL NOV 30 1948	CATE OF DEATH State File No. 355	i04
X37823	Registration District No. Primary Registration District	et No. 300 & Registrar's No. 1. 10.	
A PERMANENT RECORD	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
	(a) County	(a) State 100 (b) County audia	
	(b) City or town	(c) City or town Mexico	
	(c) Name of hospital or institution:	(If counties city on town line in, write "RUBAL")	ملتح بران د
	(If not in hospital or institution, write street number or location)	(d) Street No. (If rural, give location)	riuqe
	(d) Length of stay: In hospital or institution	(e) Citizen of foreign country?(Y	res or No) 🗷
	In this community	If yes, name country	
		MEDICAL CERTIFICATION	<u> </u>
	FULL NAME MONTELLE JARD NOR	20. DATE OF DEATH: Month No. u. day 17	
₹ :	3. (b) If veteran, 3. (c) Social Security	year 1948 hour 3:05 minute D	М.
NG BLACK INK—MAKE	name war	21. I hereby certify that I attended the deceased from	p m
	5. Color or 6. (a) Single, widowed, married.	NOV 17, 1948. 3:05 NOW 17	, 19.
	4. Ser Jemale race Negas divorced	that I last saw h. ER alive on NOV. 17 370 5	, 1948
	6. (b) Name of husband or wife	and that death occurred on the date and hour stated above. Immediate cause of death the state of death the	Duration
	alive	Immediate cause of death.	
	7. Birth date of deceased Now 17 (Day) (Year)	_	***************************************
	8. AGE: Years Months Days If less than one day	Due to Pleaselant	1/2 km
		Due to Vertical Transfer of the total Transf	2.7.5.7
l Z	and the state of the same	Due to Comment	
ADING		Due to.	
NEADING	9. Birtholace Audra in Causatu Hose, Mo. 0		
UNFADING	9. Birthplace and rain Cinuity Hose Mo. (City, town, or county)	Due to	
USE UNEADING	9. Birthplace Qudya in Causty Hose mo O (City, town, or county) 10. Usual occupation.	Other conditions	HYSICIAN
-USE UNFADING	9. Birthplace Qud rain Causing Hose mo O (City, town, or county) 10. Usual occupation 11. Industry or business	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations	—
ILY—USE UNFADING	9. Birthplace Audrain Causity Hose Mo. (City, town, or county) 10. Usual occupation. 11. Industry or business. 12. Name LARK Edward JARdver.	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations.	Underline
AINLY—USE UNEADING	9. Birthplace Audrain Causty Hose Mo O (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name JARK Edward JARdve R 13. Birthplace Mexico	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Of autorsy.	Underline ne cause to hich death hould be
PLAINLY-USE UNFADING	9. Birthplace Qudrain Causaty Hose Mo O (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name ARK Edward JARdyre 13. Birthplace (City, town, or county) (City, town, or county) (State or foreign country) (State or foreign country)	Due to	Underline ne cause to hich death
TE PLAINLY—USE UNFADING	9. Birthplace Qudrain Causty Hose Mo (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name LARK Edward JARdvere (City, town, or county) (City, town, or county) (State or foreign country)	Due to	Underline ne cause to hich death hould be larged sta-
RITE PLAINLY—USE UNEADING	9. Birthplace Qudya in Causary Hose Mo (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name LARK Edward JARdyer 13. Birthplace Molive (State or foreign country) 14. Maiden name (City, town, or county) 15. Birthplace Molive Mo	Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy 1 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	Underline ne cause to hich death hould be larged sta-
WRITE PLAINLY-USE UNFADING BLACK INK-MAKE	9. Birthplace Qudya in Causaty Hose Mo O (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name ARK Edward JARdye e 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name (City, town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country)	Due to	Underline ne cause to hich death hould be larged sta-
WRITE PLAINLY—USE UNFADING	9. Birthplace Qudya in Causary Hose Mo O (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name HARK Edward JARdre R (City, town, or county) 13. Birthplace (City, town, or county) 14. Maiden name (City, town, or county) 15. Birthplace (City, town, or county) 16. (a) Informant Mother (City, town, or county) 16. (b) Address (City, town, or county)	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Of autopsy	Underline ne cause to hich death hould be sarged sta- stically.
WRITE PLAINLY—USE UNFADING	9. Birthplace. (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name ARK Edward JARdye e 13. Birthplace (City, town, or county) 14. Maiden name (City, town, or county) 15. Birthplace (City, town, or county) 16. (a) Informant (City, town, or county) 17. (a) (Burial, cremation, or removal) (Burial, cremation, or removal) (Magnh), (Day) (Year)	Due to	Underline ne cause to hich death hould be sarged sta- stically.
WRITE PLAINLY—USE UNFADING	9. Birthplace Quarain Causary Hose Mo. O (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name ARK Edward Jarder Ro 13. Birthplace (City, town, or county) 14. Maiden name Jerry 15. Birthplace (City, town, or county) 16. (a) Informant (City, town, or county) 16. (b) Address 17. (a) (Burial, cremation, or removal) (b) Date thereof (Momb), (Day) (Year) (c) Place: burial or cremation Lawrence	Due to	Underline ne cause to hich death hould be sarged sta- stically.
WRITE PLAINLY—USE UNFADING	9. Birthplace. (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name ARK Edward JARdye e 13. Birthplace (City, town, or county) 14. Maiden name (City, town, or county) 15. Birthplace (City, town, or county) 16. (a) Informant (City, town, or county) 17. (a) (Burial, cremation, or removal) (Burial, cremation, or removal) (Magnh), (Day) (Year)	Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy Of autopsy (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in put (b) While at work? (c) Means of injury	Underline ne cause to hich death hould be larged stastically. (State) blic place?
WRITE PLAINLY—USE UNFADING	9. Birthplace (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name ARK Edward JARdne R 13. Birthplace (City, town, or county) 14. Maiden name (City, town, or county) 15. Birthplace (City, town, or county) 16. (a) Informant Mother ARN JARdne (Burial, cremation, or removal) (Burial, cremation, or removal) (C) Place: burial or cremation Thereof (Magnh) (Day) (Year) (b) Address (c) Place: burial or cremation Thereof (Magnh) (Day) (Year) (d) Address (e) Address (f) Address (h) Address	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Of autopsy	Underline ne cause to hich death hould be larged stastically. (State) blic place?
WRITE PLAINLY—USE UNFADING	9. Birthplace Qudya in Causaty Hose Mo O (City, town, or county) 10. Usual occupation 11. Industry or business 12. Name HARK Edward JARdyer 13. Birthplace (City town, or county) 14. Maiden name 15. Birthplace (City town, or county) 16. (a) Informant MoTher HARV (State or foreign country) 16. (a) Informant MoTher HARV (Momb) (Day) (Year) (b) Address JE Brecken x id age 17. (a) (Burial, cremation, or removal) (b) Place: burial or cremation Thursday (Momb) (Day) (Year) (c) Place: burial or cremation Thursday (Momb) (Day) (Year) (b) Address (Day Address)	Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy	Underline ne cause to hich death hould be larged stastically. (State) blic place?

RECEIVED

Diction Health Officer No. 10

Diction Ris Risk _____Nov-2-9 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by							
			Re	gistered Apprentice No			
working under my personal supervision.	٠.	, ,	()		\sim		

Licensed Embalmer No. 3.569

P. O. Address Mulli

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.