				the state of the s
CERTIFIER CERTIFIER	-1971 - 3.35 form	DECEASED Usual residence where deceased lived. If death recovered in instruction, give residence before admission.	V	
CERTIFICATION— month day year physician—signature and included the decreased from: 23.		DECEASED—NAME RACE White, Negro, American Indian, etc. (specify) 1. COUNTY OF DEATH 1. X1 nma th 1. The of SIRTH 1. SOCIAL SCREEN NUMBER 2. S41 36-8962 1. S41 36-8962 1. COUNTY RESIDENCE—STATE COUNTY COUN	54669	
Tally 10, 1971 7-9 Tally 10, 1971 7-9 NAME (type or prim) 22b. Mark S. Koche street FUNERAL HOME-NAME AND ADDRESS 130 25b. O'Hair's Funeral Ci 30 25b. O'Hair's Funeral Ci 26b. Ull 200. And tast Saw Him/s 7-9 NAME (type or prim) 7-9 NAME (type or prim) 22b. Koche 10cATION Hills Mau soleum 24c. FUNERAL HOME-NAME AND ADDRESS 130 25b. O'Hair's Funeral Ci 26b. Ull	th 14 Klamath Falls 144 Fe MOTHER-Maiden Name first middle last 16. /melia Isabel Thurmon 16. /melia Isa	Middle Middle Whitlock Under Variety Under Under	V-STATE BOARD OF	
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STATE OF OREGON		Whitlock		
This certifies that the a record of death on fil	foregoing is a correct and come with the <u>Klamath County Depa</u> NEIL BLACK, M.D., Registrar Vi Date <u>III 20 1971</u> VOLD IF ALTERED	tal Statistics		
STATE OF OREGON; COUNTY OF KLAMATH; ss. Filed for record at request of HAZEL WHITLOCK this 26th day of July A. D., 19.71 at 3:35 o'clock P.M., and duly recorded in Vol. M.71 of DEEDS on Page 7789 WM. D. MILNE, County Clerk By Hazel Degree				
	ву деления			