	BURIAL	CERTIFIER	CAUSE	DECEASED Where deceased in the cliff teach or residence of manifest or residence of the commend in the cliff teach or residence of the cliff teach or residence or	M 197/2
RESERVED FOR REGISTRAR'S USE 7 28. VS 2 R-59	CEMETERY OR CREMATORY NAME 24b Eternal Hills 24c Klamath Falls, Ore. PUNKERAL HOME-NAME AND ADDRESS (invest, city or lown, state, state) PUNKERAL HOME-NAME AND ADDRESS (invest, city or lown, state, state) PATE RECEIVED BY LOCAL REGISTRAX DATE RECEIVED BY S MAY 8 19/2 20c MAY 8 19/2	CERTIFICATION— month day year month day year and tast Saw Him/Her Alive LDaylold Not pearly occurred the poles, on the prescribed the control decreased from: A	Item	TED-NAME First Find F	STATE OF OREGON—STATE BOARD OF HEALTH Vital Stritutica Section Vital Stritutica Section
A Company of the Comp	STATE OF OREG Filed for record a this 11th d Vol. M 72	Klamath fifies that the of death on f SRAL). GON; COUNTY OF	NEIL BLUCK, M.D., Reginerate Country New York, M.D.	Deputy Registrar	9 1536