BURIAL	CERTIFIER	2	CAUSE	DECEASED Usual residence where deceased in death ration, give admission.
4.036 Sp. 65 St., Klamath falls, Oregon 97601 NUMBERAL CREMATION, REMOVAL. PRINCE ALL DATE FOR CREMATORY—NAME 100 ATTOM CHY OF TOWN THREE AND ADDRESS STREET CRY OF TOWN THREE CRY OF TOWN THREE ADDRESS STREET CRY OF TOWN THREE AND ADDRESS STREET CRY OF TOWN THREE AND ADDRESS STREET CRY OF TOWN THREE AND	INFOCUTION— month day vear month day vear and Last San Hingston And Rose San Hingston And Rose San Hingston Rose I bear Do Agrand And san San Hingston Rose I bear of Strict And Rose I sand from the body of the day of the	IGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part 114 (vet or lot of the lot	DEATH WAS CAUSED BY: Consider couse Control Contr	TOECRASED-MANNE THE OF OREGON—STATE BOARD OF HEALTH VIAID SUBSTRICT SCARRE VIAID STATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH COUNTY OF BEATH (month, day, very) FIATE OF BEATH COUNTY NUMBER TOCIAL SECURITY NUMBER TO TERROR TOCIAL SECURITY NUMBER TOCIAL SECURITY NUMBER
TSEATE OF OREGO.	N; COUNTY Of	By All BLAGA, By All BLAGA, Bute VOID IF F KLAMATH: ss Louise Jack	N.B., Registrar	Complete transcript of partment of Health. Vital Statistics Deputy Registrar 19 A. M., and duly recorded in
			Page .5642	MILNE, County Clerk