

93741

OCT 9 2 47 PM '74

71-015130

CERTIFICATE OF DEATH

Decedent's Name: **Bernice Mary Rose**

Sex: **Female** Age: **63** Race: **White**

Place of Birth: **Klamath Falls, Oregon**

City, Town, or Location of Death: **Klamath Falls, Oregon**

State of Birth: **Oregon** Country of Birth: **USA**

Marital Status: **Married** Spouse's Name: **Chester I. Rose**

Usual Occupation: **Homemaker**

Address: **1905 Main, Klamath Falls, Oregon 97601**

Parents: **Joseph H. Dayley, Theresse Emily Egan**

Death Date: **Oct. 11, 1971** Time: **9:05 a.m.**

Place of Death: **Presby. Intercomm. Hospital**

Physician: **Fletcher F. Conn, M.D.**

Funeral Home: **U'Whir's Funeral Chapel**

Date Received by Local Registrar: **OCT 15 1971**

Date Received by State Registrar: **OCT 26 1971**

Decedent's Signature: *Bernice Rose*

Physician's Signature: *Fletcher F. Conn*

Funeral Home's Signature: *U'Whir's Funeral Chapel*

Registrar's Signature: *James D. Milne*

STATE OF OREGON, COUNTY OF MULTNOMAH) ss
 I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL, HONORARY AND
 IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE
 VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

RET. Chester I. Rose
 532 TORREY ST.
 K. FALLS, OREGON.

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of **CHRISTER I. ROSE**

this **9th** day of **OCTOBER** A.D., 19**74** at **2:47** o'clock **P.M.**, and duly recorded in

Vol. **M 74** of **DEEDS** on Page **13225**

FEE \$ 2.00

WEL. D. MILNE, County Clerk

Deputy

93741 Vol M 74 Pg 13225