	DECEASED-NAM	al File Number	CE	RTIFICAT	TE OF	DEATH	<i>⊢</i> 9/	ol. 79	and F	<sub>ige</sub> 27;	
PMANENT BLACK INK	4		蒙古一方。 医特氏病	Middle		Last		-11-	Sinte C		
FOR TRUCTIONS	RACE White, Black etc.(specify) Whit	American India	n, SEX	AGE-Last		INSTAD		12 .	IE OF DEA	ATH (month, day, ye Der 19, 197	ear)
SEE SEE	COUNTY OF DEATH		CITY, TOWN OR	birthday (year: 5a LOCATION OF DEA	<u> 10.1 (1.1 1</u> .20)	Under 1 year mos. days 5b	hours	min.	TE OF BIRT	TH (month day you	
	7a Deschutes STATE OF BIRTH (III		17h Dena		A	HOSPITAL OR OTHE	R INSTITUTION	- 16	rauren	14, 1902	
CEDENTS OF DEATH COURRED IN	8 77.7		CITIZEN OF WHA	T COUNTRY MARRI	IED, NEVER MAI	(II go) in eliper give 78 t. Char (	es Med	lical (	Center	1/0 01.00	atie
STITUTION, HANDBOOK ESARDING	SOCIAL SECURITY N 519 03	HILLORD	USUAL OCCUPAT	TION (give kind of work do	arried	(specify)	11 Rose	IF MARRIE	D, WIDOWE		VT EVER
PLETION OF ENCEITEMS	RESIDENCE-STATE	COU	14a Mil	110 MC IION (give kind of work do		. Cr working, life, eve	M KIND OF	BUSINESS Timbe	OR INDUS	12   7   STRY	<i>10</i>
	15a Oregon FATHER-NAME	15b	Klamath	CITY, TOWN, OR	t iku kurusa		VD NUMBEI	OR R.F.D	ZIP -	1733 Inside City L (specify yes	
V	16 044400	Fineta	Jei kai jaka kana kana sa	ER-Malden Name	first mi	lddle last	97		92 	(specify yes	imits or no)
SITION 1	BURIAL, CREMATION REMOVAL, MAUS. (s) 19a <i>Crematio</i>	l, CEN	METERY OR CREMA	TORY-NAME	ygs				e and relations are relations and relations and relations are relations are relations are relations are relations and relations are relations are relations are relations are relations are relations.	onship to deceased	
- I	UNERAL SERVICE LICEN	NSEE Or person Act	Deschutes	Memorial G	ardens		LOCATION	l city	or town	Stale	
2	To the best of		20b N	iswongerire	FACILITY	777 - 70	19c <i>Be</i>	nd.Ore	gon		
3 <b>A</b> §	due to the cause 21a [Signature	e(s) stated,	eath occurred at the	time, date and place	ce and	DATE SIGNED	5 N. W.	Irving	Bena	d, OR 97701	
IIFIER:	NAME AND ADD	DRESS OF CERT	IFIER [Type or Print	International Control of the Control	arres)	216   1	ر - ۱۲	· <b>G</b>	"00	IH OF DEATH	selfan.
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	21e ATE RECEIVED BY RE		THAN	CERTIFIER [Type	or Print)			-ve 1	Bend,	OR 97701	
TIONS NY 22: GAVE	a <i>November</i>	19. 1970		GISTRAR	<del>~</del>						
ATE PART	IMMEDIATE CAU	SE	[22b]	[Signature] NLY ONE CAUSE PI	len	un	m z	//			
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PART	OTHER SIGNIFICANT	CONDITIONS—Co	Odditions				38335		Int	terval between onset a	Til death
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	ENT (Specify Von 44 )			to death but not rela	ited to cause o	given in PART I (a	a) AUTOPS	Y [Specify Y	es I was car		
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