	LOCAL FILE NO	umber Irst	Mid	100 -	ICATE O	Lest	-	2. SEX		File Number 3. DATE OF D		
	NAME R	uby	Eleanor			PENCE	IDTUDI AC	F E (City and State or	Former	Septem	ber 18,	1989 Day, Year)
	541-09-92		ast Birthday 5b Mot		Hours	1	Country)	ary, MS			1, 190	
1303120	B. WAS DECEDENT E	VER IN			10	9a. PLACE OF	DEATH (check only one)		1 000 150		
DENT	Ob. FACILITY NAME	x	Inpatient D		nt DOA	9c. CITY, TO	NN, OR LO	Decedent's F	TH C	9	a. COUNTY D	F DEATH
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	10a. DECEDENT'S US (Give kind of wor life. Do not use i	UAL OCCUPATION ork done during most	al working	. KIND OF B	USINESSANDU	STRY		lever Married, Wide Nvorced (Specify)	owed.	,		
<u></u> l	Home Ma	ker			Home			Widowed		Dougl	as Walls	ace
	13a. RESIDENCE - ST	li .			WN, OR LOCA			street and nu 801 Martii		eet		
	Oregon 13e. INSIDE CITY LIMITS?	131, ZIP CODE	math	FRENT OF H	th Falls	IN7 15.		nerican Indian, hite, etc. (Specify)	(Spe	16. DECEDEN	est grade com	pietea)
		97601	Mexican, Specify:	Puerto Rican	yes, specify Cu , etc.) KONNO [Yes	Whit		Elemeni	ary/Secondary	(0-12) Collec	e (1-4 or 5+)
	Yes □ NO		last 18.	MOTHER -	NAME lirst	middle	maiden	19. INF		· NAME and r		
ENTS:	Joseph E	verett Kni		India	- Norri	S (Name of ceme	Hery Creft			City or Town.		on
SITION	· ·	ISPOSITION Mau matten Removal fr		other plac	•)			1		th Fall:		ron
	☐ Donation ☐ C	Other (Specify)		Klam	ath Mem	orial Pa						
	21a. SIGNATURE O	F FUNERAL SERVICE NG AS SUCH	E LICENSEE ON	2	3329	1500)	O'H	ADDRESS AND Z Bir's Func Pine St., F	eral (Chapel,	Inc.	97601
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STRAR	23. DATE FILED (M	SEP 2 0	1989				na	ucu B		edur		
	25. DID HOSPITAL	. REPRESENTATIVE	MAKE REQUEST	FOR ANATO	MICAL GIFT C	ONSENT? 2	6. WAS C	SIFT MADE?	□ N/A	0		
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		TO BE COMPLETED	BY CERTIFYIN	G PHYSICIAL	N .		. TIME OF	TO BE COMPLET	ED ONL	BY MEDICAL	EXAMINER	ey, Year, Hour)
	27. TIME OF DEAT 4:48 P		MEDICAL EXAM	INER NOTIFI	E07	31a						м.
	29. To the best of	my knowledge, deat use(s) and manner of	s Es No th occurred at th	ne time, date,	place and	32.	On the b	sals of examination ne, date, place and	and/or la	restigation, in the cause(s) at	my opinion de nd manner sta	ath occurred led.
TIFIER	Signaly ()	Dans	Day Sel	00 1	, M.J		(Sign	ature)				
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	1 : 30. DATE SIGNED	(Month, Day, Year)		10		33.	DATE SIG	NED (Month, Day,	Year)		COUN	TY
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14400 Dickens St.#305, Sherman Oaks, Ca. 91423