While at Work at Work  PHYSICIAN'S CERTIFICATION  From To and that death occurred on the date and hour stated above.  PHYSICIAN'S CERTIFICATION  From To and that death occurred 23a. Signature of Physician on the date and hour stated above.  FUNERAL DIRECTOR'S CERTIFICATION  BURIAL TRANSIT  On the date and hour stated above.  PUNERAL DIRECTOR'S CERTIFICATION  BURIAL TRANSIT  On the date and hour stated above.  PROPERAL DIRECTOR'S CERTIFICATION  BURIAL TRANSIT  On the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the date and hour stated above.  PAGE TO Signature of Funeral Director and the	IMPORTANTI This is a Permanent Record Use Typewriter or lake	-	CERTIFICATE	OF DEATH	STATE No.	13 505
And   December   Dec	· · · · · · · · · · · · · · · · · · ·	Facew	Johnnie	D.	ATROP // - 2	6.50 6.4
PLACE OF DEATH    12a. City or Soft-City or Institution (if not in hospital or institution give street address or location)   12b. Length of Stay in the Piece	• (	10a. Usual Occupation (Give kind of work done during most of working life, even if retired)	Years Booths Days Stones Min.	9a. Birthplan (Cier or town)  Sake (24 and)  11. Was deceased ever in U.S.	Armed Forces?	migne
USUAL RESIDENCE OF DECEASED    15a. Cirj or Jown—(If gettide corporate limits with RUKAL)   15b. Parish and Ward No.   15c. State   15c. Street Address—(II rural give location)   15c. Name of Fyther   15b. Birthplace of Fating   15c. Name of Modes   16c. Birthplace of Fating   15c. Name of Modes   16c. Birthplace of Fating   15c. Name of Modes   16c. Birthplace of Hatter Only one cause per line for (a), (b), and (c)   15c. Street Address—(II rural give location)   15c. Birthplace of Fating   15c. Birthplace of Hatter Only one cause per line for (a), (b), and (c)   15c. Birthplace of Lipornant   15c. Disease or Condition   15c. Birthplace of Interval Between Onset and Interval Between Ons	PLACE OF DEATH	12n. City of Tofn-(II partide corpor	dence	East Carrell	هـــــــــــــــــــــــــــــــــــــ	6 days -
INFORMANT'S CERTIFICATION  I certify that the above stated information is true and correct to the best of my knowledge.  CAUSE OF DEATH Einter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart fedure, eathents, etc. It means the discase, injury, or compileration contribution contribution to true and Death of the above cause (a) stating the under lying cause tark of the cause (injury, or compileration with che cause)  DEATHS DUE TO EXTERNAL VIOLENCE  Accident, Suicide, or Homicide (Specify)  Injury  All. Accident, Suicide, or Homicide (Specify)  Injury  All. Accident, Suicide, or Homicide (Specify)  Injury  Mile at More William (Month) (Day) (Year) (Hour) (Ize, Injury Occurred While at More Injury occurr)  While at More Injury o	OF DECEASED	13a. City or Jown-(Il outside corpor	ate limits write RURAL)	13b. Parish and Ward No.	<u>ي . ا</u>	Ja. –
CAUSE OF DEATH  Enter only one causes per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart feiture, sathenia, etc. It means the discase, in fully or contributing to the death but not rease, injury, or complication to hich caused death.  DEATHS DUE TO EXTERNAL VIOLENCE  21a. Accident, Suicide, or Homicide (Specify)  21b. Place of injury (see, asthenia, for minury)  21b. Place of injury (see, asthenia, for minury)  21c. Autiopsy  22d. City, Town, or Ward No.  22d. Autiopsy  22d. Autiopsy  22d. City, Town, or Ward No.  22d. Autiopsy  22d. City, Town, or Ward No.  22d. Autiopsy  22d. Au	PARENTS	15a. Name of Figher	15b. Birthplace of Fath	10 100	16b. Birthplac	e of Mother
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart faiture, esthenia, stc. It means the discase, injury, or compile cation so hich caused death.  DEATHS DUE TO EXTERNAL VIOLENCE  PHYSICIAN'S  CERTIFICATION  1 Disease or Condition (a)  *This does not mean the mode of dying, such as heart faiture, esthenia, stc. It means the discase, injury, or compile cation so hich caused death.  10 Other Significant Conditions  Due to (c)  110. Other Significant Conditions  Conditions contributing to the death but not related to the disease or condition counting death.  111. Other Significant Conditions  Conditions contributing to the death but not related to the disease or condition counting death.  112. Date of Operation  113. Date of Operation  DEATHS DUE TO EXTERNAL VIOLENCE  PHYSICIAN'S  CERTIFICATION  1 revitly that I steaded the decessed fair, street, office bldz, etc.)  1 revitly that I steaded the decessed fair, street, office bldz, etc.)  1 revitly that I steaded the decessed fair that death necurred 222. Signature of Physician on the date and how on the date and how on the date and how of the date a		information is true and correct	17a. Signature of Informant  The Theory	<u>-</u> 4.		
heart failure, asthemia, etc. It means the discrete, it means the discrete discrete in the discrete dis	Enter only one cause per line for (a), (b), and (c)  *This does not mean the	I. Disease or Condition Directly Leading to Death* (a). Antecedent Causes Diseases or conditions, if Duany, giving rise to the above cause (a) stating the under-		······································	<u> </u>	
DEATHS DUE TO EXTERNAL VIOLENCE  Tid. Time (Month) (Day) (Year) (Hour) 21e. Injury Occurred While at Not While Injury  While at Work  PHYSICIAN'S CERTIFICATION  To To To To To The the deceased, and that death occurred stated above.  M. Work And the deceased of the decea	heart failure, sethenia, etc. It means the dis- case, injury, or compli- cation which caused	II. Other Significant Conditions  Conditions contributing to the death but not related to the disease or condition couring death.				
While at Work  PHYSICIAN'S CERTIFICATION  PHYSICIAN'S CERTIFICATION    Continue   Contin	DEATHS DUE TO		21b. Place of Injury (e.g., in or about home, farm, factory, street, office bidg., etc.)	21c. City, Town, or Ward No.	Parish	
PHYSICIAN'S CERTIFICATION  To and that death occurred on the date and hour stated above.  FUNERAL DIRECTOR'S CERTIFICATION  Ja. Burial [70] Date Thereof 24b, Name of Cemetery or Crematory 24c. Location (City flown, or patien) 25. Signature of Funeral Director Cremation	VIOLENCE	Ot .	While at   Not While   1	21f. How did injury occur?		
DIRECTOR'S CERTIFICATION CERTIFICATION  Removal . [ ] //-27-50  Removal . [ ]	PHYSICIAN'S CERTIFICATION	From To	and that death occurred 232. Signature on the date and hour	of Physician action	N 127	150
PERMIT 1157 Earl and 11-27-50.	FUNERAL DIRECTOR'S CERTIFICATION	Cremation . [ ] //-2 /-50	Lungreen	Lake Providen	Mana G	E. Brance
	BURIAL TRANSIT PERMIT	1157	instance	11-27-50	28. Signatur	No recent reservant