Registrar of Vital Statistics Certified Copy



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22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at 7:00 ft m., from the causes and on the date stated above. 23. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased from, 19, to, 19, that I last saw the deceased alive on 19, and that death occurred at 7:00 ft m., from the causes and on the date stated above. 23. DATE SIGNED 23b. ADDRESS 23c. SIGNATURE 3/26/62 DRY RIDGE KY. 23c. SIGNATURE CORONER, BRANT CO, KY 24a, BURIAL, CREMA- TON DEMOVAL (REMA- TON DEMOVAL) 24b, DATE 24c. NAME OF CEMETERY OR CREMATORY 24d, LOCATION (City, town, or county) (State)		N GW D	RIBE HOW INJURY OCCUR	RED] (Enter nature of injury in	Part I or Part II of	
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official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this

an de Sandra J. Davis, State Registrar

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