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FUNERAL DIRECTOR'S LICENSE No. 63-0218-9

INDIANA STATE BOARD OF HEALTH DIVISION OF VITAL RECORDS MEDICAL CERTIFICATE OF DEATH. Includes fields for: 1. PLACE OF DEATH, 2. COUNTY, 3. CITY, TOWN, OR LOCATION, 4. LOCALITY, 5. STREET ADDRESS, 6. SEX, 7. MARRIAGE STATUS, 8. DATE OF BIRTH, 9. AGE, 10. OCCUPATION, 11. PLACE OF BIRTH, 12. FATHER'S NAME, 13. MOTHER'S MAIDEN NAME, 14. SOCIAL SECURITY NO., 15. INFORMANT'S NAME, 16. RELATIONSHIP TO DECEASED, 17. CAUSE OF DEATH, 18. MEDICAL CERTIFICATION, 19. TIME OF INJURY, 20. PLACE OF INJURY, 21. ATTENDING PHYSICIAN, 22. HEALTH OFFICER, 23. DATE SIGNED.

Disposition Permit Issued Provisional Certificate

