	will be no per	ency in order ty. Disclosure halty for refusa	is al.		TATE DEP						کی فرمان	Same
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PRINT	i	-NAME (First M			PER IC 10-37-1-10		2. SEX		3a. TIME OF DEA			
1	,	MA	RY	T. STRA			Fem		1:15 P			1, 2006
NENT	4. *SOCIAL SEC	URITY NUMBER		5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c UNDER Hours	1 denume		RTH (Mo. Day. Yr)	1		d State or Foreign Countr
KINK	8a WAS DECE	E	l as yea	81 AR LAST SERVED IN					25, 1924 EATH (Check only or			, New Yo
	A U.S. VETERAN?		U.S. ARMED FORCES?		HOSPITAL inpat	tient		OTHER	☐ Nursing Home	Other (Sp	pacify)	
	Ye			1945	☐ ER/C	Outpatient D		10000	ATION OF DEATH	lat CO	N OF DE	ATH
NT	9b. FACILITY NAME (If not institute 6538 A18					1	Ham			9d. COPTO OF DEATH Lake		
	10. MARITAL STATUS 11. SURVIVING SPOUSE				12a. DECEDENT'S USUAL OCCUPATION (G. done during most of working life. Do not us				k 12b. KIND	OE USINE	SS/INDUSTRY	
	(Specify) Divor	_	(If w	n/a		Office	e Cler	king life. Do k/Ma	not use retired) nager	N.T	Гwshр	.Assessor
ľ	13a. RESIDENCE		13b. CC		13c. CITY, TOWN, OR	LOCATION		1	3d. STREET AND N		S	
	India	na		Lake		mond				Alabam		
	13e. ZIP CODE	13f. INSIDE CIT		14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT		RIGIN? pecify Cuban,		—American Indian, , White, etc.	(Sp	nly hig	NT'S EDUCATION thest grade completed)
	46323	13g. ON A FAR	M?	11 6 4	Mexican, Puerto F	Ricen, etc.)		(Spe	•	Elementary/S	121	12) College (1-4 or 5
		M No [U.S.A.		r	IO LICTURE	1	White First Middle, Maiden	Surneme)	944	
s	18. FATHER'S NAME (First Middle, Lest)											
	Ervant Talanian 20a. INFORMANTS NAME (Type/Print)				Alice Humparsumain 20b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code) 20c. Relationship							20c. Relationship
ANT		el G. St		ns	7532	Jarneck	ce Ave	e Har	nmond,IN	N 46324	1	Daughter
	21a. METHOD O			ombment	21b. DATE AND PLACE				ematory, or	21c. LOCATIO	N—City or To	own, State
İ		Cremation		noval from State	other place)	April				School	rervil	可 の le ,一切dian
		Other (Speci	'y)		Commun		ematio		WAS DEATH REPOR		- April 100	
ITION	22a. EMBALMER Hen	-	Blak	70	FD010		t 1s	123	□ No X Y		1	7A00
		OF FUNERAL DI		- NIC		ICENSE NUMBEI	ATE	25. NAME.	ADDRESS. AND LIC	ENSEMUMBER	OF FUNERA	L HOME
	dai	10 -	Sti	ratio		(of Licensee) FD0880(0012		ka-Pastri Elm St.			Home 8600 ago 1N 463
						120000			TIME SC.	, mast	Omice	150
<u>[</u>	26. PART I.	Enter the diseas	es, ir urie:	s, or complications that ca	used the death. Do not en	istine	prop	erty		, 123	- 5	Approximate
	26. PART I	Enter the disease arrest, shock, or	es, injuries	ure. List only one cause of	n each line	istine	prop	erty	spiratory		- 5	Approximate Interval Betwee
<u> </u> 	26. PART i. IMMEDIATE CAU disease or condition	arrest, shock, or SE (Final	es, irrurie: heart faild	ure. List only one cause of	ow Any	ter nonspecific ter	prop	erty		, 173	3 5 6	Approximate Interval Betwee
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