SOCIAL SECURITY NO.  If veteran, name war  FULL NAME  NAME  CERTIFICATE OF DEATH  MICHIGAN DEPARTMENT OF HEALTH TO  Bureau of Records and Statistics  Local File No.  Local File No.	
PLACE OF DEATH:  County.  Township.  City or Village.  Name of hospital.  Length of (If not in hospital, give street address.)  stay: In hospital.  In this community.	USUAL RESIDENCE OF DECEASED: State Much: County Eaton  Township City or Village / Ismatulle Street No. R. F. U.H  If foreign born, how long in U. S. A.? years
Sex Color or Race Single, Married, Widowed or Divorced White Widowed or Divorced Market Or Divorced Market Or Divorced Market Or Divorced Michael Or Divorced Widowed Or Divorced Market Or Divorced Michael Or Divorced Widowed Or Divorced Michael Or Divorced Widowed Or Divorced Widowed Or Divorced Michael Or Divorced Widowed Or Divorced Widowed Or Divorced Michael Or Divorced Widowed O	MEDICAL CERTIFICATION  Date of death Supply 9 1949  I hereby certify that I attended the deceased from 3 27,  1939 to 9 9 1949 I last saw how alive on 9 9 1949. Death is said to have occurred on the date stated above at 9,30 h M. Duration  Immediate cause of death  Other contributory causes of importance  Major findings and dates:  Of operations  Of sutopsy  Major findings and dates:  Of sutopsy  Major findings and dates:  Of sutopsy  Major findings and dates:
Place Permentalle Much.  Comotory Wordlunn Date Seff IV, 1949  Funeral director's K K Ward  Address Permentalle Much.  Filed 9-12, 1949 ULB armingham  Local Registrar	In case of violence, state if accident, homicide or suicide