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22. I hereby certify that I attended the deceased from Mary 6, 19.57, to Dec. 14, 19.59, that I last saw the deceased all on 1988 9, and that death/occurred at m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 24d. LOCATION (City, village, twp., or county) (State) DATE REC'D BY LOCAL REG. REGISTRAP'S SIGNATURE (Dec. 16, 1959 White Plane Remeders) 25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADD	22. I hereby certify that I attended the deceased from May 6 , 19 57, to Dec. 14 , 19 59, that I last saw the deceased all on 1026 9 , 19 59, and that death/occurred at m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 24a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 25a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 25a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 25a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 25a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 25a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State) 25a. BURIAL, CREMATION, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, village, twp., or county) (State)	OF	(Hour) 21e. INJURY OCCURRED While at Work Not While at Work	21f. HOW DID INJURY OCCUR?	
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