

BUREAU of VITAL STATISTICS

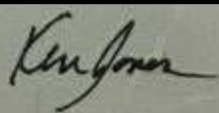
CERTIFICATION OF DEATH

DECEDENT INFORMATION

NAME: FRANKLIN D WEAVER

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



, STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

