

LHHRA, DIVISION OF HEALTH
OFFICE OF VITAL RECORDS

Disinterment

ing. Shreveport; three sisters; four grandchildren.

PERMIT NO.

09 566 #2

NAME OF DECEASED

Chipman, Herbert Perry

SEX

male

COLOR

white

AGE

PLACE OF DEATH (CITY OR TOWN)

(PARISH)

(WARD)

DATE OF DEATH

~~7-22-80~~

A Certificate of Death having been presented as required by law, permission to dispose of the body of the above named decedent, is hereby granted

TO:	NAME OF FUNERAL DIRECTOR OR OTHER SUCH PERSON	BY:	SIGNATURE OF LOCAL REGISTRAR	
	ADDRESS OF FUNERAL DIRECTOR		PARISH	DATE
	<i>From: Chapelwood</i>		<i>Nita Prather</i>	<i>Steu</i>
	<i>To: Lakeview Cemetery</i>		<i>Caddo</i>	<i>7-22-80</i>

I am duly licensed to practice embalming by the Louisiana State Board of Embalming and Undertaking, or by a similar agency possessing like powers in the State of _____

I have registered with the authorized Health Department of _____ Parish, have complied with laws of the State of _____ regarding final disposition of dead human bodies, and have _____ this decedent (BURIED, CREMATED, ETC.)

I have prepared the body of this decedent for final disposal as indicated below.

METHOD OF EMBALMING OR PREPARATION	DATE	DATE (BURIED, ETC.)	CEMETERY OR CREMATORY & ADDRESS	LOT NO.
EMBALMER	LICENSE NO.	SEXTON'S SIGNATURE		ADDRESS
<i>W. M. Pine</i>				

021 CB 238