**STATE OF SOUTH DAKOTA**

**CERTIFIED COPY OF DEATH RECORD**

**COUNTY FILE NUMBER:**

**DECEDENT – NAME:**

**DATE OF DEATH (**Month, Day, Year) **AGE:**

**PLACE OF BIRTH:**

**COUNTY OF DEATH:**

**CITY, TOWN, OR LOCATION OF DEATH:**

**MOTHER – MAIDEN NAME:**

**FATHER – NAME:**

**MARRIED OR SINGLE:**

**DEATH WAS CAUSED BY:**

**NAME OF (PHYSICIAN OR CORONER/INFORMANT):**

**DATE RECEIVED BY LOCAL REGISTRAR:**

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION APPEARS ON THE TRANSCRIPT OF DEATH ON FILE IN UNION COUNTY REGISTER OF DEEDS OFFICES.**

**DATE ISSUED:**

 **SEAL:**

**LOCAL REGISTRAR**