

Form No. 10

THE CALCUTTA MUNICIPAL CORPORATION
HEALTH DEPARTMENT



No. 85795

CERTIFICATE OF DEATH

As per format under Section-12/Section-17 of the Registration of Births and Deaths Act, 1969.

This is to certify that the following information has been taken from the original record of death which is in the Register for... *MST*

.....
under The Calcutta Municipal Corporation (Local Area).

Registration No. *55*

Name..... *Lakshmi Kante Karmakar*

Nationality..... *I I*

Sex..... *M* Age *70* Years

Son/Wife of *Lt Rash Mohan Karmakar*

Date of death *26.5.96* Date of Registration *26.5.96*

Place of Death (Full Address) *B/14 Nirangan Palli (Congress naga*

Cal. 70 PS Regent Park

Residence..... *Same*

Prepared by.....

Head Assistant.....

Date *26.5.96*

Deby

Signature of the Issuing Authority

Note - In the case of Death no disclosure regarding the 'cause of death' as entered in the register is to be made (under Sub-Section 17(1) of RBD Act, '69)

C. P. - 45-15-5-95-1,00,000.