

IDENTIFICATION CARD

Name *Mrs. Jeanne Olinger*
Street *1265 Royal Ave*
City *Waukegan Ill* Tel. No. *880*
State *Illinois*

IN CASE OF ACCIDENT OR SERIOUS ILLNESS
PLEASE NOTIFY

Name *A. M. Frazier*
Address *Waukegan - Ill*

1997.97.939 (C)

Mrs. Jeanne Olinger Emergency
Identification Card (1997.97.939C)