

Poor Original 618895

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS FILED PERMANENT RECORD

618895

Local No. 513

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

689

Below for State Office Use

ADVISOR LAKE COUNTY

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Poor Copy

Unit 24 30-133-38
Subdiv E 417 S.W. S. 29 T. 37 R. 9
all L. 40 D. 21

EMBALMER'S NAME: *Michael Mychalski* LICENSE No. 5141
FUNERAL DIRECTOR'S SIGNATURE: *Michael Mychalski* LICENSE No. 529

Disposition Permit Issued Provisional Certificate

DECEASED

DECEASED

DECEASED

PARENTS

DISPOSITION

M D O O

Form with fields for DECEASED NAME (JOSEPHINE AMVAX), SEX (F), RACE (WHITE), BIRTH (2-8-1903), PLACE OF BIRTH (EAST CHICAGO), STATE OF BIRTH (INDIANA), MARRIAGE (WIDOW), USUAL RESIDENCE (45-11 NORTH COLE), FATHER (JOHN SPALAK), MOTHER (ANNA SIREK), DISPOSITION (BURIAL), and SIGNATURE (A. Campagna, M.D.).

STATE OF INDIANA
RECORDS
FEB 26 2 23 PM '18
MICHAEL ELLISON JR.
RECORDER

250