

File #2-18-15 Caldwell 9th Add. All F. 18, 19, 20, B. 1

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Allow for State Office Use

FILED 11 1982

AUDITOR LAKE COUNTY LICENSE No. 348

FUNERAL HOME No. 243

FUNERAL DIRECTOR'S LICENSE No. 781

EMBALMER'S NAME Leon Coleman Sr.

FUNERAL DIRECTOR'S SIGNATURE Leon Coleman Sr.

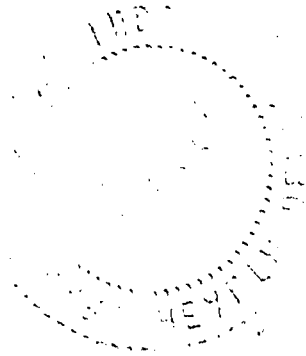
Local No. 82-0337 677560

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 479

Form with fields for DECEASED (Name: John Nathan Harper, Race: Black, Age: 59, Date of Death: May 17, 1982), PARENTS (Father: John Henry Harper, Mother: Emma Lee Fitzpatrick), DISPOSITION (Evergreen Memorial Park), M.D. OR P.O. (KESHAV D. AGGARWAL), and CAUSE (CARDIAC ARREST, Ventricular fibrillation, Recurrent Ventricular Tachycardia).

Handwritten initials 'UC'



1987

CERTIFIED COPY
E. N. Caldwell, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE 11/20/82