

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

FEB 20 1985

Date Issued

EMBALMER'S NAME, Sherman G. Banks III

LICENSE No. 1625

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 1625

FUNERAL HOME No. 248

FUNERAL HOME No. 248

795525  
Local No. 154

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STARTING THE  
UNDERLYING  
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Howard Hill  
1649 Broadway  
Gary  
State No. 430

DECEASED—NAME 1. Marie Franklin		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. 2-13-85
RACE—(If not in U.S.A. name country) 4. Amer. Blk.	AGE—Last Birthday (7/12) 5a. 73	UNDER 1 YEAR 5b. MOS UNDER 1 DAY 5c. HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 17 Mar., 1911
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in center, give street and number) 7c. St. Margaret Hospital	IF HOSP. OR INST. Indicate DOA, OP/Emar Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Mississippi	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Willie Franklin
SOCIAL SECURITY NUMBER 13. 427-16-1486 B		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b. Homemaker
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary	IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 2389 Adams Street		INSIDE CITY LIMITS (Specify, see or no) 15f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. Givan Crouthers		MOTHER—MAIDEN NAME 17. Goldie Bam	
INFORMANT—NAME (Type or print) 18a. Willie Franklin (Husb.)	MAILING ADDRESS 18b. 2389 Adams Street	CITY OR TOWN 18c. Gary	STATE 18d. Indiana
ZIP 18e. 46407	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b. Oakhill Cemetery	LOCATION 19c. Gary Indiana
DATE (MONTH, DAY, YEAR) 20a. February 19, 1985	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46407		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) J. Greenwald M.D.		DATE SIGNED (Mo., Day, Yr.) 21b. 2-18-85	HOUR OF DEATH 21c. 2:30 p.m.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. J. Greenwald, M. D.		MAR 14 1985	
MAILING ADDRESS—PHYSICIAN 21e. 5454 Hohman Avenue, Hammond, Indiana 46320		RECORDED & INDEXED AUDITOR LAKE COUNTY FEB 20 1985	
22a. (Signature) J. Greenwald M.D.		22b. (Signature) J. Greenwald M.D.	
PART I IMMEDIATE CAUSE (If only one cause per line for (a) and (b)) (a) End Stage renal disease		Interval between onset and death	
(b) Primary Brain Tumor Key# 46-194-26 2nd Oak Park Add		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF: Int 26 ptk 56		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24.	