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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.

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Key # 33-197-
APR 16 1987
HAMMOND HEALTH DEPT.

EMBALMER'S NAME: *Franklin J. Burns*
FUNERAL HOME: *Burns*
FUNERAL DIRECTOR'S SIGNATURE: *Franklin J. Burns*
LICENSE No. 1045184
FUNERAL DIRECTOR'S LICENSE No. 1045184

929466

645 175th St. Hammond Ind 46324

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. *297*

DECEASED—NAME FIRST MIDDLE LAST Bonnie Ross		SEX Female	DATE OF DEATH (MONTH DAY YEAR) 4-14-87
RACE—(Specify if other than White) White	AGE—Last Birthday (Year) 64	US'OVER 1 YEAR MOS 5d	UNDER 1 DAY HOURS 5c
DATE OF BIRTH (Mo Day Yr) Dec. 15 1922		COUNTY OF DEATH LAKE	
CITY, TOWN OR LOCATION OF DEATH Hammond, Indiana		HOSPITAL OR OTHER INSTITUTION—(Name if not in other group street and number) St. Margaret's Hospital	
STATE OF BIRTH (If not in U.S.A. name country) Illinois		CITIZEN OF WHAT COUNTRY U.S.A.	
MARRIED NEVER MARRIED WIDOWED DIVORCED Married		SURVIVING SPOUSE (If not in other group name) Melville T. Ross	
SOCIAL SECURITY NUMBER 336-16-5918		USUAL OCCUPATION (Give kind of work done during most of working life then if retired) Manager	
RESIDENCE—STATE INDIANA		CITY, TOWN OR LOCATION Hammond, Indiana	
COUNTY LAKE		KIND OF BUSINESS OR INDUSTRY Gift Shop	
STREET AND NUMBER 645 175th Street Hammond, Indiana		IS RESIDENCE ON A FARM? NO	
INSIDE CITY LIMITS (Specify Yes or No) Yes		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. NO	
FATHER—NAME FIRST MIDDLE LAST George Davis		MOTHER—MAIDEN NAME FIRST MIDDLE Mary Kratoch	
INFORMANT—NAME (Type or print) RELATIONSHIP Melville Ross (Husband)		MAILING ADDRESS STREET OR P.O. NO CITY OR TOWN STATE 645 175th St. Hammond Indiana 46324	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION Oakland Memory Lawn	
DATE (MONTH, DAY, YEAR) April 17, 1987		FUNERAL HOME—NAME AND ADDRESS (Street or P.O. No. City or Town State) Burns-Kish Funeral Home Hammond, Ind.	
NAME OF ATTENDING PHYSICIAN (Type or Print) J.W. George, M. D.		DATE SIGNED (Mo Day Yr) 4-15-87	
MAILING ADDRESS—PHYSICIAN 7905 Calumet Avenue, Munster, Indiana 46321		TIME OF DEATH 7:45 a.m.	
HEALTH OFFICER—SIGNATURE <i>Franklin J. Burns</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER APR 16 1987	
IMMEDIATE CAUSE Respiratory Failure		Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of the Lung		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b) or (c)		AUTOPSY (Specify Yes or No) No	

STATE OF INDIANA
FILED FOR
APR 16 1987
PH 11:07
RECORDER
ASSISTANT
COUNTY

400