092647

TYPE OR PRINT PLAINLY WITH

Local No. 782

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Death No.

000052

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

FUNERAL HOME

FUNERAL DIRECTOR'S LICENSE No.

FUNERAL DIRECTOR'S SIGNATURE

COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

9-11-74

Date Issued

HAMMOND HEALTH COMMISSIONER

LICENSE No.

EMBALMER'S NAME

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED
APR 2 12 31 PM '90
ROBERT ... RECORDER

FILED
APR 02 1990
Anna N. Anton
AUDITOR LAKE COUNTY

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