







# MARRIAGE LICENSE

STATE OF  
INDIANA



LAKE  
COUNTY, S.S.

Document is

TO ANY PERSON EMPOWERED BY LAW TO SOLEMNIZE MARRIAGES-GREETING:

**NOT OFFICIAL!**

You are hereby authorized to join together as husband and wife  
Arthur E. Swanson and Bertha Cukrowicz  
according to the Laws of the State of Indiana.

This Document is the property of  
the Lake County Recorder!

**IN TESTIMONY WHEREOF,**

I, George W. Sweigart, Clerk of the  
Lake Circuit Court hereunto subscribe my name  
and affix the seal of said Court at Crown Point,  
this 17th day of June, 1935.



George W. Sweigart  
CLERK LAKE CIRCUIT COURT

This is a true and correct copy of the original document as it appears on Reel No. 15B in the St. Joseph County Health Department.

**FILED**

# Certificate of Death

St. Joseph County Health Department  
SOUTH BEND, INDIANA

MAY 22 1991

THIS IS TO CERTIFY, that our records show:

*Arthur G. Swanson*  
died *April 18* 1956

Name..... **ARTHUR G. SWANSON**  
at ..... at **St. Joseph Hospital, South Bend, Indiana**

Age at death ..... **67** years  
Sex ..... **Male** Color ..... **White** **Married**  
married, single or other

Primary cause of death given was **Ruptured Aortic Aneurysm**  
**Aortic - Arteriosclerotic Aneurysm**  
**Arteriosclerosis**

Certified by **R. B. Sanderson, M.D.** **South Bend, Indiana**  
Physician Address

Place of burial or removal **Memorial Park** **South Bend, Indiana**  
Cemetery Address

Date of burial **April 21, 1956** **Earl C. Hollis** **South Bend, Indiana**  
Funeral Director Address

Record was filed **April 23, 1956** **443** **15B**  
(date) Book No. Reel No.

*Resent Young's Woodlands*  
*Lt 1 Bl 2 # 47-391-1*

*George Plain, M.D.*  
St. Joseph County Health Officer

Issued on **December 12, 1990**

**00959**

This is a true and correct copy of the original document as it appears on Real No. 3932 Department.

*George Palmer, M.D.*  
*Roub Young Woodlands*  
*St 1 Bld #47-391-1*  
 Kent R. Palmer  
*K.R. Palmer*

FDE1013971

LICENSE No.

FUNERAL DIRECTOR'S LICENSE No.

FUNERAL HOME No. FDH3006368

FUNERAL DIRECTOR'S SIGNATURE

Local No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH MAY BE HELD TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

MEDICAL CERTIFICATE OF DEATH

STATE No.

1 DECEASED—NAME <b>Bertha P. Swanson</b>		SEX <b>Female</b>	DATE OF DEATH (Month Day Year) <b>Oct 20, 1987</b>
2 RACE <b>White</b>	AGE—Last Birthday <b>82</b>	DATE OF BIRTH (Month Day Year) <b>Jul 11, 1905</b>	COUNTY OF DEATH <b>St. Joseph</b>
3 CITY, TOWN OR LOCATION OF DEATH <b>South Bend</b>		7c HOSPITAL OR OTHER INSTITUTION—Name of hospital, post office and number <b>Memorial Hospital</b>	
7b STATE OF BIRTH (If not in U.S.A. name country) <b>Indiana</b>		8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	12 HOSP OR INST (Name per 57a) (Specify type and number) <b>Inpatient</b>
9 SOCIAL SECURITY NUMBER <b>317-18-0147</b>		10 USUAL OCCUPATION (Name and kind of work done during most of preceding 12 months) <b>Clerical</b>	14c KIND OF BUSINESS OR INDUSTRY <b>Buschbaums Drug Store</b>
13 RESIDENCE—STATE <b>Indiana</b>		11 SURVIVING SPOUSE (Name and maiden name)	
15a STREET AND NUMBER <b>511 S. 35th. Street</b>		13a IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15b CITY, TOWN OR LOCATION <b>St. Joseph</b>		13b INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
18 DECEASED OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a FATHER—NAME <b>Dorothy Jennings, Daughter</b>		19b CITY OR TOWN <b>Elkhart, Indiana</b>	
20a RELATIONSHIP <b>Daughter</b>		20b ADDRESS <b>5889A Towle Road, Elkhart, Indiana 46517</b>	
21a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		21b CEMETERY OR CREMATORIUM/FUNERAL HOME <b>St. Joseph Valley Mem. Park, Granger, Indiana</b>	
22a DATE (Month Day Year) <b>Oct 23, 1987</b>		22b HOURS OF DEATH <b>04:00P</b>	
23a NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Joel R. Wachs M.D.</b>		23b DATE SIGNED (Month Day Year) <b>10/22/87</b>	
24a MAILING ADDRESS—PHYSICIAN <b>801 E. Washington Ave., South Bend, Indiana 46617</b>		24b HEALTH OFFICER—SIGNATURE <i>George Palmer, M.D.</i>	
25a PART I 1. <b>Cardiovascular Arrest</b>		25b INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
25c PART II 2. <b>Cardiogenic Shock</b>		25d INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
25d PART III 3. <b>Acute Myocardial Infarction</b>		25e ALTOPOST (Specify Yes or No) <b>No</b>	

00960