

# MARINETTE COUNTY REGISTER OF DEEDS

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE RECORD FILED IN THE REGISTER OF DEEDS OFFICE OF MARINETTE COUNTY, WISCONSIN.

*Shirley Magnuson*  
 FLORENCE MAGNUSON, REGISTER OF DEEDS  
 MARINETTE, WISCONSIN 54143

DATE *Dec. 15, 1993* MAR 11 1993

This record has a raised seal. It is ~~not~~ a copy it is unless specifically authorized by law. —

*Anna M. Magnuson*  
 Anna M. Magnuson was county

*Douglas O. Munn* *Mar. 7, 5' of 1839-6-04* *ALHOBILE*

# *35-19-40*

464186 X P9 4423 *Rudolph Joyce, atty* *Lot 40 and the North 7112 feet of 39, 3256, 106 764* *Douglas Park Manor, Hammond P.B. 17/26*  
 FORM NO. VS-12 100M-REV. 1-68  
 93016707

For Instructions Refer to The Physician's, Funeral Director's, and Medical Examiner's/Coroner's Handbook

Usual Residence Where Deceased Lived. If Death Occurred in Institution, Give Residence Before Admission

STATE OF WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES; DIVISION OF HEALTH ORIGINAL CERTIFICATE OF DEATH

LOCAL FILE NUMBER: \_\_\_\_\_ ORIGINAL CERTIFICATE OF DEATH STATE DEATH NO: *47-445*

DECEASED—NAME: *Mrs. Alfred (Mae) Schepeck* SEX: *female* DATE OF DEATH: *Jan. 13, 1976*

RACE—*White* AGE: *82* DATE OF BIRTH: *Sept. 25, 1893* COUNTY OF DEATH: *Marinette*

NAME OF CITY, VILLAGE: *Marinette* HOSPITAL OR OTHER INSTITUTION—NAME: *839 Pierce Ave. (home)*

STATE OF BIRTH: *Wisconsin* MARITAL STATUS: *deceased* SURVIVING SPOUSE: \_\_\_\_\_

SOCIAL SECURITY NO.: *392-46-6264* USUAL OCCUPATION: *housewife* KIND OF BUSINESS OR INDUSTRY: *Household*

RESIDENCE—STATE: *Wis.* COUNTY: *Marinette* NAME OF CITY, VILLAGE: *Marinette* MAILING ADDRESS: *839 Pierce Ave.*

FATHER—NAME: *Eugene Lamboley* MOTHER—MAIDEN NAME: *Adele Enderlin*

INFORMANT—NAME: *Mrs. Forest Granger* MAILING ADDRESS: *147 N. Oak Lowell In. 46356*

RESERVED FOR CODING: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

CAUSE OF DEATH: *Coronary Occlusion*  
*Arterio Sclerotic Heart Disease*

ACCIDENT: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_ HOW INJURY OCCURRED: \_\_\_\_\_

CERTIFICATION—PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_ HOUR OF DEATH: *11:30 P.M.*

CERTIFIER—NAME: *Kenneth R. Mattison, Coroner* SIGNATURE: \_\_\_\_\_ DATE SIGNED: *Jan 19, 1976*

BURIAL:  BURIAL  CREMATION  REMOVAL CEMETERY OR CREMATORY—NAME: *Forest Home Cemetery* LOCATION: *Marinette, WI. 54143*

BURIAL—DATE: *Jan. 17, 1976* FUNERAL HOME—NAME AND ADDRESS: *Thielen Funeral Home 1403 Newberry Av. Marinette, WI. 54143*

FUNERAL DIRECTOR—SIGNATURE: \_\_\_\_\_ REGISTRAR—SIGNATURE: \_\_\_\_\_ DATE RECEIVED: *1/20/76*

DECEASED

CAUSE

PARENTS

ACCIDENT

CERTIFICATION

BURIAL

FUNERAL

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Chicago Title Insurance Company

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND—NOT A WHITE BACKGROUND.

1926 HALL AVENUE • P.O. BOX 320 • MARINETTE, WI 54143 • 715/732-7551

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MAR 18 12:57 PM '93  
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