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Disposition Issued
Provisional Certificate
 Yes No

FUNERAL HOME
No. 163
4149
FUNERAL DIRECTORS
LICENSE No. 1813
SIGNATURE
L. R. Brady

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Lake Station, 46405

State No. _____

Local No. _____

DECEASED - NAME 1. Robert Edward Honner, Sr.		SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. October 26, 1979	
RACE 4. White		AGE 5. 61 yrs.		COUNTY OF DEATH 6. Porter	
CITY, TOWN OR LOCATION OF DEATH 7a. Valparaiso		HOSPITAL OR OTHER INSTITUTION (Name, No. and address) 7b. Porter Memorial Hospital		IF HOSP. USE (Check one box) 7c. Inpatient	
STATE OF BIRTH (or that of U.S.A.) 8. Indiana		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	
SOCIAL SECURITY NUMBER 13. 325-14-0764		USUAL OCCUPATION (Date last of work was performed) 14a. Furniture Business		KIND OF BUSINESS OR INDUSTRY 14b. Furniture Store Owner	
RESIDENCE - STATE 15a. Indiana		CITY, TOWN OR LOCATION 15c. Lake Station		INSIDE CITY LIMITS (Check one box) 15b. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
RESIDENCE - COUNTY 15d. Lake		STREET AND NUMBER 15e. 3406 E. 37th Ave.		IS DECEASED OR DEATH REGISTRANT A FARMER? 15f. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FATHER - NAME 6. Edward Clyde Honner		MOTHER - MAIDEN NAME 7. (Unobtainable)		CITY OR TOWN 8. Lake Station	
MARRIAGE - NAME 16a. Nelson Honner		ADDRESS - STREET OR R.F.D. NO. 16b. 3406 E. 37th Ave		CITY OR TOWN 16c. Lake Station	
DISPOSITION 17a. Burial		CEMETERY OR CREMATORIUM (FURNERAL HOME) 17b. Roselawn Cemetery		LOCATION 17c. Roselawn IN	
DATE OF DEATH 18. October 29, 1979		FURNERAL HOME - NAME AND ADDRESS 19a. Brady Funeral Home		CITY OR TOWN, STATE ZIP 19b. Lake Station, IN 46405	
M.D. OR D.O. 20. DR. JOHN SWARNER MD.		ADDRESS - STREET AND ADDRESS 21. 1101 E. Glendale		CITY OR TOWN, STATE ZIP 22. Valparaiso, Indiana 46383	
SIGNATURE 23. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICE 24. 11-5-79		RECORDED 25. 96 MAY - 2 AM 9:47	
CAUSE 26. Respiratory Failure 27. Chronic Obstructive Lung Disease		PART I 28. []		PART II 29. []	

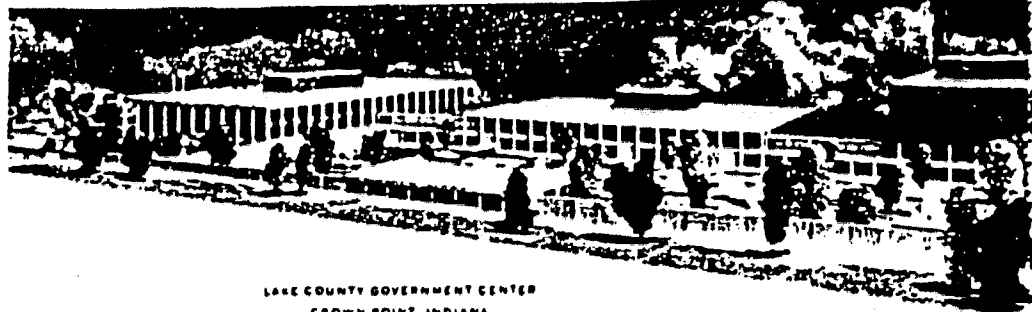
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LAKE COUNTY
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LAKE COUNTY GOVERNMENT CENTER
CROWN POINT INDIANA

2293 N. MAIN STREET
CROWN POINT, INDIANA 46307
PHONE 738-2020 AREA CODE 219

LAKE COUNTY RECORDER

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