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 RECORD

701 IMPROVEMENT BLVD 2148 W. 11th Ave Gary 46407

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

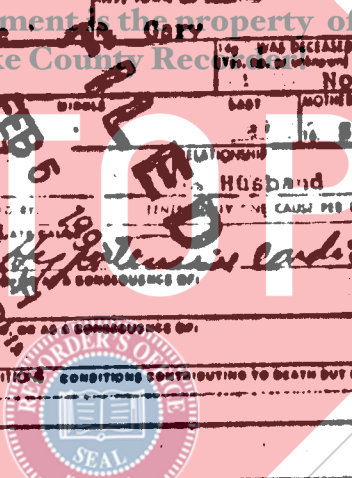
State No. \_\_\_\_\_  
 No. \_\_\_\_\_

Local No. 76-0122

DECEASED		NAME Ernestine Davis		SEX Female		DATE OF BIRTH April 26, 1876	
RACE Blk.		AGE - LAST BIRTHDAY 97		MARRIED		PLACE OF BIRTH Lake	
CITY, TOWN, OR LOCATION OF DEATH Gary		HOSPITAL OF DEATH		MARRIED		CITY OF BIRTH	
STATE OF BIRTH Ind.		CITIZENSHIP U.S.A.		MARRIED		CITY OF BIRTH	
SOCIAL SECURITY NUMBER 319-14-3092		USUAL OCCUPATION House Wife		MARRIED		CITY OF BIRTH	
RESIDENCE 2149 Maryland		COUNTY Lake		MARRIED		CITY OF BIRTH	
FATHER - NAME Cliff Harris		MOTHER - NAME Samella Ware		MARRIED		CITY OF BIRTH	
MARRIAGE		RELATIONSHIP		MARRIED		CITY OF BIRTH	
CAUSE		CONDITIONS CONTRIBUTING TO DEATH		MARRIED		CITY OF BIRTH	
DATE & TIME OF DEATH 4. 29. 76		SIGNATURE OF PHYSICIAN		MARRIED		CITY OF BIRTH	
PHYSICIAN'S NAME Herschel Ehrenstein		SIGNATURE OF PHYSICIAN		MARRIED		CITY OF BIRTH	
MARRIAGE ADDRESS		SIGNATURE OF PHYSICIAN		MARRIED		CITY OF BIRTH	
DISPOSITION		SIGNATURE OF PHYSICIAN		MARRIED		CITY OF BIRTH	
DATE April 30, 1976		SIGNATURE OF PHYSICIAN		MARRIED		CITY OF BIRTH	

#46-30-13  
 4260  
 EMBALMER'S NAME Edg. HARRIS  
 FUNDAL DIRECTOR'S SIGNATURE Edg. Harris  
 FUNDAL DIRECTOR'S LICENSE N. 1984  
 LICENSE N. 4260  
 FUNDAL HOME 248  
 FUNDAL DIRECTOR'S SIGNATURE  
 LICENSE N. 1984  
 FUNDAL HOME 248

Disposition Permit Issued / /  
 Provisional Certificate  
 Yes  No



DATE OF DEATH 4. 29. 76  
 CITY OF BIRTH Gary, IN  
 STATE IN  
 ZIP CODE 46409  
 DATE OF DEATH MAY 6 1976  
 SIGNATURE  
 # 129.3 9w 13 B.A.

Document is  
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**STOP**



*Patricia A. ...*  
DIRECTOR, C.O.P.S.  
HEALTH COMMISSIONER  
CITY OF GARY, INDIANA  
DATE MAR 31 1995