THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.
OCT 14 1988 — Date Issued — Hammond Health Commissioner

Local No. 835

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 99 OCT 26 AM 9:28 — 99087731

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 Deceased—Name (First, Middle, Last)	John Ennis
2 Sex	Male
3 Date of Death	October 10th 1988
4 Social Security Number	306-36-8648
5a Age—Last Birthday (Years)	54
6 Date of Birth	Feb. 28, 1934
7 Birthplace	Hammond Indiana
8 Year Last Served in U.S. Armed Forces?	1955
9a Place of Death	Other: Residence
9b Facility Name	6851 Hohman Ave.
9c City, Town, or Location of Death	Hammond
9d County of Death	Lake
10 Marital Status	Never Married
11 Surviving Spouse	None
12a Decedent's Usual Occupation	President of company
12b Kind of Business/Industry	Real Estate-Mortgage Banking-Insurance
13a Residence—State	Indiana
13b County	Lake
13c City, Town or Location	Hammond
13d Street and Number	6851 Hohman Ave.
13e Inside City Limits?	Yes
13f Farm	No
13g Zip Code	46324
14 Was Decedent of Hispanic Origin?	No
15 Race	White
16 Decedent's Education	College: four years

PARENTS

Field	Entry
17 Father's Name	Samuel C. Ennis
18 Mother's Name (Maiden Surname)	Nellie Loomis

INFORMANT

Field	Entry
19a Informant's Name	Nellie Ennis
19b Mailing Address	6847 Hohman Ave. Hammond Inidiana
19c Relationship	Mother

DISPOSITION

Field	Entry
20a Method of Disposition	Burial
20b Date and Place of Disposition	October 13th 1988 Graceland Cemetery
20c Location	Valparaiso Indiana
21a Signature of Funeral Director	[signature]
21b License Number	1013612
22 Name, Address, and License Number of Funeral Home	5713 Hohman Ave. Hammond IN 46320 McCoy Funeral Chapel 287

PRONOUNCING PHYSICIAN ONLY

Field	Entry
24 Time of Death	9:41 AM
25 Date Pronounced Dead	October 10, 1988
26 Was Case Referred to Medical Examiner/Coroner?	Yes

CAUSE OF DEATH

27 Part I
- a. Immediate cause: Acute Respiratory Failure
- b. Due to: Pulmonary Embolus
- c. Due to:
- d.

Part II Other significant conditions: Pulmonary Fibrosis — Recurrent Bronchial Pneumonia — Basal Cell Carcinoma —

Mail To: Glassen Rhead McLean Campbell & Schumacher P.O. Box 17159 Lansing, Mi 48901-[illegible]

FILED OCT 25 1988 PETER BENJAMIN LAKE COUNTY AUDITOR

CERTIFIER

Field	Entry
29a Certifier	Pronouncing and Certifying Physician
29b Signature and Title of Certifier	Edward M. Alt Jr. MD
29c License Number	18725
29d Date Signed	Oct. 10/14/1988
30 Name and Address of Person Who Completed Cause of Death	Edward M. Alt Jr. MD 7550 Hohman, Munster, Ind 46321

HEALTH OFFICER

Field	Entry
31 Health Officer's Signature	Franklin [illegible] M.D.
32 Date Filed	OCT 14 1988

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SBH06-004 State Form 10110 Rev. 10/87 DEATH/PD 1