

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
OBTAINED WITH THE HAMMOND HEALTH DEPT.

PETER BENJAMIN  
COUNTY AUDITOR

HAMMOND HEALTH COMMISSIONER

LICENSE No. 710

ERNEST W. BARNETT, M.D. JOHNSON

FUNERAL DIRECTOR'S

LICENSE No. 242

FUNERAL HOME

No. 286

SIGNATURE

DISBURSEMENT  
TICORP TITLE INSURANCE  
K #34-211-2

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Stat No.

Local No. 604

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
WILLMA				DAVIS	FEMALE	July 3, 1909
RACE	AGE—Last Birthday	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY OF DEATH	
4. WHITE	20002 02301 5			2000 APR - 5 AM 9:00	LAKE COUNTY	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not in either give street and number)			
7b HAMMOND			7c ST. MARGARET HOSPITAL			
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)			
8 INDIANA	9 U.S.A.	10 WIDOWED	11 NONE			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 316-58-5554		14a JANITOR		14b SCH		
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION			
15a INDIANA		15b LAKE	15c HAMMOND			
STREET AND NUMBER		IS RESIDENCE ON A FARM?				
15d 7116 KENNEDY AVE		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME			MIDDLE	LAST	MOTHER—MAIDEN NAME	
16 HENRY REICHARDT					17 CAROLINE MERKLE	
INFORMANT—NAME (Type of name)		RELATIONSHIP	MAILING ADDRESS			
18a MARY ELLEN KRIZMAN			18b 7116 KENNEDY AVE HAMMOND IND			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		
19a BURIAL		19c CONCORDIA		19c HAMMOND		
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE		
20a AUGUST 3, 1981		20b VIRGIL HUBER FUNERAL HOME HAMMOND				
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated				DATE SIGNED (Mo Day Yr.)		21c HOUR
21a (Signature) M. Stasick - wa				21b 8-2-81		21c
NAME OF ATTENDING PHYSICIAN (Type of Print)						
21d M. STASICK						
MAILING ADDRESS—PHYSICIAN						
21e 7200 Indianapolis Blvd., Hammond, Ind. 46323						
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL	
22 PETER BENJAMIN					AUG 3 1981	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I (a) Acute Massive Cerebral Hemorrhage						
DUE TO OR AS A CONSEQUENCE OF						
(b) Cerebral Atherosclerosis						
DUE TO OR AS A CONSEQUENCE OF						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						