153133

City Of East Chicago East Chicago, In 46312

ATTENTION ESTATE: The Social Security # is paing requested by this state agency in order to arroue its statutory responsibility. Disclosure is roluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

East Officago; I/I 463

TMI	DECEASED_NAME (Firs			Johnson	Sr.	2 SEX Male		3a. TIME OF DEAT 8:42A.	MO	oate of death m vember 1	1, 2006
ENT NK	4 *social security number 312–10–4099	<u>=</u> A 5	AGE—Last Birthday (Yaars)	5b. UNDER 1 YEAR Months Days		Minutes		TH (Mo. Day, Yr) 1914		PLACE(City and Si	
	88. WAS DECEDENT A U.S. VETERAN?		LAST SERVED IN RAMED FORCES?	HOSPITAL. A Inpa			ACE OF DE	ATH (Check only on	e See instru	uctions.)	
ĺ	No	N/A			tient Outpatient 🔲 î	OA	OTHER:	☐ Nursing Home ☐ Residence	☐ Other	(Specify)	
Ì	9b. FACILITY NAME (If not ins	•				e. CITY, TOW		ATION OF DEATH	9d.	COUNTY OF DEAT	
_	St. Catherin				,	East C				ake	$\overline{\Box}$
	10. MARITAL STATUS (Specify) Married	_ (If wif	/IVING SPOUSE 5. give maiden name) 7. Ann Jone :	œ	done durir	TS USUAL OC g most of worki emane (ng life. Do r			IND OF BUSINESS, LTV Stee	
i.	13s. RESIDENCE—STATE	13b. COL		13c. CITY, TOWN, OR	J	сшане (d. STREET AND NU		DIA DEEE	-L,
	Indiana	Lake	<u>.</u>	East Chic	ago		3	3726 Cata	ılpa :	Street	-
	13e. ZIP CODE 13F INSIDE ☐ No	CITY LIMITS	14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT	OF HISPANIC C			-American Indian, White, etc.		17. DECEDENT: (Specify only highes	
	13g. ON A F			Mexican, Puerto F		, 55561	(Speci	L		ry/Secondary (0-12)	
L		☐ Yes	USA				B1a			11th	<u> </u>
	18. FATHER'S NAME (First Mid			T-b				First, Middle, Maiden S		A	1_
. -	Kearney 20a. INFORMANT'S NAME (Ty			Johnson 20b MAILING	G ADDRESS (Str.	Mar.		oute Number, City or		Availab	L.C.
-	Kenneth John			1				Chicago,		1	
	21s. METHOD OF DISPOSITIO	N _ Enton	nbment	215. DATE AND PLAC				- 1	lic LOCAT	TIONCity or Town	n, State
}	Burial Cremation		val from State	other place)	Novemb		2006			≤	**************************************
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N 3	Tracy Cheri	Willia	ms	22b. EMBALMER'S FD08600		CIA	1	VAS DEATH REPORT		PRONER?	
2	24a. SIGNATURE OF FUNERAL		This D	246.1	CENSE NUMBER	2	NAME A	DDAESS AND LICE	NSE NUMB	SER OF FUNERAL H	IOME CO
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