STATE OF WISCONSIN—DEPARTMENT OF HEALTH AND SOCIAL SERVICES--DIVISION OF HEALTH ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545

Vol. 133 Deaths—Rock County, Wisconsin (65451 - 65850)

State Death No. 65646

TRANSCRIBED

MARGARET BENTZ

1.	Deceased-Name: Margaret Bentz	
2.	Sex: Female	
3.	Date of Death: May 8, 1977	
4.	Race: White	
5.	Age Last Birthday: Years: 78 Months:	<u>10</u> Days: <u>10</u>
6.	Date of Birth: June 28, 1898	
7.	a) County of Death: Rock	o) Name of City or Village: <u>Janesville</u>
	c) Inside City or Village Limits? Yes	l) Hospital or Other Institution Name: Mercy Hospital
8.	State of Birth: Wisc.	
9.	Citizen of What Country? <u>U.S.A.</u>	
10.	. Marital Status: Married	
11.	. Surviving Spouse: <u>Geo. Bentz</u>	
12.	. Social Security Number: 389-34-8051	
13.	. a) Usual Occupation: Housewife	
	b) Kind of Business or Industry:	
14.	. a) Residence-State: Wisc.	o) County: Rock
	c) Name of City or Village: Milton	l) Inside City or Village Limts? Yes
	e) Mailing Address: Parkview Terrace	
15.	. Father-Name: Albert Stegemen	
16.	. Mother-Maiden Name: Bertha Luedtke	
17.	. a) Informant-Name : Al Bentz	o) Mailing Address: 244 E. High St., Milton, Wisc. 53563
	c) Was Deceased Ever in U.S. Armed Force	s? <u>No</u>
18.	3. Part I: Death Was Caused By:	
	a) Immediate Cause: Conavoy Oerlasen & Softal Iselemia (? Sloppy Writing) – 3 days	
	b) Due to or as a Consequence of: Atheroslerosis ? (Can't Read)	
	c) Due to or as a Consequence of: Dusrect vu Aneurysm Thoracic (????? Can't Read Writing)	
	Part II: Other Significant Conditions:	
19.	. Autopsy? <u>Yes</u>	
20.	. Accident:	
21.	. Certification-Physician: I attended the deceased from a) June 1960 to b) 5/8/77	
	c) and last saw her alive on <u>5/8/77</u>	d) Did you view the body after death? No
	e) Death occurred at 11:45 a.m at the place	e, on the date, and to the best of my knowledge, due to the cause(s)
	stated.	
22.	2. Certifier-Medical Examiner or Coroner:	
23.	. a) Certifier Name: <u>John F. Holmes</u> b	o) Signature-Certifier: <u>John F. Holmes</u> Title: <u>M.D.</u>
	c) Date Signed : <u>5-9-77</u>	d) Mailing Address: 533 Canal (?) Ave., Milton, WI 53563
24.	. a) Burial, Cremation, or Removal: Burial	b) Cemetery or Crematory Name: Milton Cemetery
	c) Location: Milton, Wisc.	d) Burial Date : <u>May 11, 1977</u>
25.	. a) Funeral Home-Name and Address: Albre	echt, 133 First St., Milton, Wisc. 53563
	b) Funeral Director-Signature: Robert J. All	<u>brecht</u>
26.	. a) Registrar's Signature: Emmett W. Murph	b) Date Received by Local Registrar: May 12, 1977