

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

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

State Filing No. 62179

Volume 126 (62151-62650)

Amended: Changed Age per Notification from State Office 9-18-74 EWM

ELLA HARKER

TRANSCRIBED

1. Deceased Name: Ella Harker
2. Sex: Female
3. Date of Death: July 31, 1974
4. Race: White
5. Age at Last Birthday: a) Years: 89 b) Months: 1 c) Days: 26
6. Date of Birth: June 5, 1885
7. a) County of Death: Rock b) Name of City or Village: Janesville Township
c) Inside City or Village Limits? No d) Hospital or Other Institution Name: Rock Haven Nursing Home
8. State of Birth: Wisconsin
9. Citizen of What Country: U.S.A.
10. Single, Married, Widowed, Divorced: Widowed
11. Surviving Spouse: Deceased
12. Social Security Number: 468-07-8928 D
13. a) Usual Occupation: Housewife b) Kind of Business or Industry: ----
14. a) Residence-State: Wisconsin b) County: Rock c) Name of City or Village: Milton
d) Inside City or Village Limits: Yes
e) Mailing Address (Home Address at Time of Death): 974 E. High St.
15. Father's Name: Herman Schultz
16. Mother-Maiden Name: Augusta Bentz
17. a) Informant-Name: Shirley Prechel, Secretary b) Mailing Address: P.O. Box 351-Janesville, WI 53545
c) Was Deceased Ever in United States Armed Forces? No
18. Part I: Death Was Caused By:
a) Immediate Cause: Metastatic Carcinoma of Stomach
19. a) Autopsy? No
20. ----
21. Certification – Physician
a) I Attended the Deceased From 6/24/74 to b) 7/31/74, c) and Last Saw Her Alive on 7/31/74
d) Did you View the Body after Death: No e) Death Occurred at 9:32 p.m.
22. Certification-Medical Examiner or Coroner: a) Hour of Death: 9:32 p.m.
b) The decedent was pronounced dead at July 31, 1974 at 9:32 p.m.
23. a) Certifier Name: Paul J. Lawrence, M.D. c) Date Signed: August 1, 1974
d) Mailing Address-Certifier: P.O. Box 351, Janesville, WI 53545
24. a) Burial, Cremation, Removal: Burial
b) Cemetery or Crematory Name: Milton Cemetery c) Location: Milton, Wisc.
d) Burial Date: August 3, 1974
25. a) Funeral Home & Address: Albrecht Funeral Home, Milton, WI 53563
b) Funeral Director Signature: Robert J. Albrecht
26. a) Registrar's Signature: Emmett W. Murphy b) Date Received by Local Registrar: August 7, 1974