

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

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545
Rock County Deaths Vol. 138 (67901 - 38500) State Death Number: 68384
ELMER EDWARD REENTS

TRANSCRIBED

1. Decedent Name: Elmer Edward Reents
2. Sex: Male
3. Date of Death: August 4, 1979
4. Race: White
5. Age: 77 Years
6. Date of Birth: October 21, 1901
7. a) County of Death: Rock b) Inside City or Village Limits: Yes
c) City/Village/Township of Death: Edgerton
d) Hospital: Edgerton Memorial Community Hospital e) Inpatient DOA OP/Emer. Rm.
8. State of Birth: Illinois
9. Citizen of What Country: U.S.A.
10. Marital Status: Married
11. Surviving Spouse: Lillie Kettleon
12. Decedent Ever in the U.S. Armed Forces: No
13. Social Security Number: 391-07-7584
14. a) Usual Occupation: Factory Worker (ret.) b) Kind of Business: Semi-Trailer Manufacturer
15. Residence: a) State: Wisconsin b) County: Rock
c) City, Village or Township of Residence: Town of Milton d) Inside City or Village Limits: No
e) Street and Number: Rt. #4 – Box 332, Edgerton
16. Father-Name: Herman Reents
17. Mother-Maiden Name: Ricka Unknown
18. a) Informant-Name: Lillie Reents b) Mailing Address: Rt. #4 – Box 332, Edgerton, WI 53534
19. a) Method of Disposition: Burial b) Place of Disposition: Oak Hill Cemetery
c) Location: Janesville, WI
20. a) Funeral Service Licensee: E. J. Overton b) Name of Funeral Home: Overton Funeral Home
c) Address of Funeral Home: 15 N., Jackson, Janesville, WI 53545
21. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated: a) Signature and Title: Thomas M. Shearer b) Date Signed: 8-6-79
c) Hour of Death: 4:00 p.m. d) -----
22. -----
23. Name and Address-Certifier:: Thomas M. Shearer, M.D., 1011 N. Main St., Edgerton, WI 53534
24. a) Registrar Signature: V. S. Folk, M.D. b) Date Signed: 8-6-79
25. Part I: Cause of Death
a) Immediate Cause: Metastatic Transitional Cell (?) Ca Clvnoy (?) Bladder -- Month
b) Due to or as a Consequence of: -----
Part II: Other Significant Conditions: Ca of Larynx
26. Autopsy: No
27. Case Referred to Medical Examiner or Coroner: No
28. Injury: -----