

WISCONSIN STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS  
COPY OF CERTIFICATE OF DEATH

ELLA C. SCHULTZ

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

Vol. 62 Deaths-Rock County (27501 – 28000) 1942

Local Registrar's No. 15

No. 27681

TRANSCRIBED

1. Place of death: 1a. County: Rock 1b. City or Village: Janesville  
1c. Name of hospital or institution: Mercy Hospital
2. Usual residence of deceased: 2a. State: Wisconsin 2b. County: Rock 2c. Township: Milton  
2d. Street Number: R #1 Milton Jct.
3. 3a. Full Name: Ella C. Schultz  
3b. If veteran, name war: No  
3c. Social Security No.: None
4. Sex: Female
5. Color/Race: White
6. 6a. Single, Widowed, Married, Divorced: Married  
6b. Name husband or wife: Walter G. Schultz  
6c. Age of husband or wife, if alive: 55 Years
7. Birth Date of Deceased: Aug. 19, 1887
8. Age: Years: 54 Months: 11 Days: 11
9. Birthplace: Random Lake, Wis.
10. Usual Occupation: Housewife
11. Industry or business: ----
12. Father-Name: Charles Bentz
13. Father-Birthplace: Wisconsin
14. Mother-Maiden Name: Wilhelmina Wiscs
15. Mother-Birthplace: Wisconsin
16. 16a. Informant: Walter G. Schultz  
16b. Address: Milton Jct. Wisconsin
17. 17a. Burial, Cremation, Other: Burial 17b. Date thereof: July 3, 1942  
17c. Place of Burial or Cremation: Milton Cemetery
18. 18a. Signature of Funeral Director: Overton Funeral Home 18b. Address: Janesville, Wisconsin
19. 19a. Date Received by Local Registrar: Aug. 3, 1942 19b. Registrar Signature: Fred B. Welch, M.D.
20. Date of Death: Month: July Day: 30 m Year: 1942
21. I hereby certify that I attended the deceased from 7/30, 1942 to 7/30, 1942; that I last saw her alive on 7/30, 1942 and that death occurred on the date stated above at -----M.  
Immediate Cause of Death: Schock and Skull Fracture and Laceration of Cerebellum  
Due to: Sclerosis of Coronary Arteries
22. If death was due to external causes, fill in the following:  
22a. Accident, suicide, homicide (specify): Accident  
22b. Date of occurrence: 7/30/42  
22c. Where did injury occur? Janesville, Wis.  
22d. Did injury occur in or about home, on farm, in industrial place, in public place (specify type of place)? Public Street  
While at Work? No  
22e. Means of Injury: Auto Accident
23. Signature: Wayne A. Munn (M.D. or Other)  
Address: 19 S. Main St.  
Date Signed: 8/1/42