

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

LIBER 6264 PAGE 797

State File No.

6985

Local File No. 942

BIRTH No.

1. PLACE OF DEATH a. COUNTY Wayne		3. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission.) a. STATE Michigan		b. COUNTY Oakland	
b. CITY (If outside corporate limits, write RURAL and give township) Highland Park		c. LENGTH OF STAY (in this place) 6 weeks		c. TOWNSHIP, CITY OR VILLAGE (Name of) Royal Oak	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highland Park General		d. STREET ADDRESS (If rural, give location) 1123 Symes Court			
3. NAME OR AKA JOHANNA (Type or Print)		b. (S)(s)(s)		4. DATE OF DEATH OCTOBER 30, 1965	
SEX Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 4, 1917	
9. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Detroit, Michigan	
10b. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Robert C. McDonald	
14. MOTHER'S MAIDEN NAME Laura E. Dolan		16. NAME OF HUSBAND OR WIFE OF DECEASED George E. Wines			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or dates of service) No		17. SOCIAL SECURITY NO. Unknown		18. INFORMANT'S NAME George E. Wines	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH-(a) <i>Plumage Head Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Interval Between Onset and Death 20 yrs.		20. AUTOPSY <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, VILLAGE, OR TOWNSHIP		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED White at Work <input type="checkbox"/> Not White at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 1951 to Oct 30, 1965 , that I last saw the deceased alive on 10/30, 1965 , and that death occurred at 7 P m. from the causes and on the date stated above.					
23a. SIGNATURE <i>Thomas C. Shaw</i>		23b. ADDRESS <i>1553 Woodward</i>		23c. DATE SIGNED 11/1/65	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Nov 2, 1965		24c. NAME OF CEMETERY OR CREMATORY Holy Sepulchre	
24d. LOCATION (City, village, twp., or county) (State) Southfield, Michigan		27. FUNERAL DIRECTOR'S SIGNATURE <i>Terence B. Desmond</i>			
DATE REC'D BY LOCAL REG. NOV 2 1965		REGISTRAR'S SIGNATURE <i>Thomas C. Shaw</i>			

Margin Reserved for Binding

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK - THIS IS A PERMANENT RECORD

RECORDED
NOV 15 1965
EDGAR M. BERNHEIM, JR.

STATE OF MICHIGAN }
COUNTY OF WAYNE }

I, JOSEPH B. SULLIVAN, Clerk of the County of Wayne and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Record of Death as filed in my office and recorded in Liber or Film **3-D-40** and found the said copy a correct transcript thereof.

(SEAL)

In testimony whereof, I have hereunto set my hand and affixed the seal of said court this **26th** day of **OCTOBER** A. D. **73**

No 86093

JOSEPH B. SULLIVAN, County Clerk

Steven G. Pucylo
Deputy County Clerk

RECORDED RIGHT OF WAY NO. 29372