State File No.

NORTH DAKOTA

CERTIFICATE OF DEATH

Birth No.	STATE DEPARTM	WENT OF HEALTH	Registra	
1. PLAGE OF DEATH a. COUNTY Ward		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE N.Dkk. Bottineau		
b. CITY, TOWN, OR LOCATION	c. LENGTH OF STAY IN 16	c. CITY, TOWN, OR LOCATION		
Minot	4 years	Lansford		
d. NAME OF (If not in hospital, give street HOSPITAL OR INSTITUTION utheran Home For		d. STREET ADDRESS		
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE CITY LIMITS? f. IS RESIDENCE ON A FARM		
YES 10 NO C		YES NO YES NO X		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mo	onth) (Day) (Year)
(Type or print) Amanda	Sophie	Heath	DEATH Me	
5. SEX 6. COLOR OR RACE 7. Married [.25,187I	9. AGE (In Years last birthday)	If Under 1 Year If Under 24 H Months Days Hours Mi
Widowed	Divorced Dec			12. Citizen of What Country?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		Ohristiana, Sweden U.S.		
13. FATHER'S NAME	13a. MOTHER'S MAIDEN	NAME	ME 14. SPOUSE'S NAME	
Vistor Johnson	Henrika Johnson		Robert Heath (deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY No.	Leslie Hea	Address th, Lansf	ford, N.Dak.
21. I attended the deceased from Death occurred at 4:10 AM.	147, to 0	the second secon	last saw her alive of	on May 9, 1961 edge, from the causes stated.
		a. ADDRESS	J. W.	Dal 6/2/6/
Ba. AURIAL, CREMATION 23b. DATE REMOVAL (Specify) Buried June 2,1961	23c. NAME OF CEMETERY C		Lansford	or county) (State) N.Dak
4. FUNERAL DIRECTOR'S SIGNATURE ADD		TE RECD. BY LOCAL REG.	26 REGISTRAR'S SI	Joseph