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91547

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

79-014681

CERTIFICATE OF DEATH

1047 Local File Number

DECEASED—NAME First Middle Last
PETER JOSEPH KREMER, JR.

RACE White Black, American Indian, etc. (specify) 1 White 2 Male AGE—Last birthday (years) 3 73 Under 1 year 4a Under 1 day 4b Under 1 day 4c Under 1 day 4d Under 1 day 4e Under 1 day 4f Under 1 day 4g Under 1 day 4h Under 1 day 4i Under 1 day 4j Under 1 day 4k Under 1 day 4l Under 1 day 4m Under 1 day 4n Under 1 day 4o Under 1 day 4p Under 1 day 4q Under 1 day 4r Under 1 day 4s Under 1 day 4t Under 1 day 4u Under 1 day 4v Under 1 day 4w Under 1 day 4x Under 1 day 4y Under 1 day 4z Under 1 day

CITY, TOWN OR LOCATION OF DEATH 5a Marion 5b Salem 5c Salem 5d Salem 5e Salem 5f Salem 5g Salem 5h Salem 5i Salem 5j Salem 5k Salem 5l Salem 5m Salem 5n Salem 5o Salem 5p Salem 5q Salem 5r Salem 5s Salem 5t Salem 5u Salem 5v Salem 5w Salem 5x Salem 5y Salem 5z Salem

DATE OF DEATH (month, day, year) 6 September 11, 1979 DATE OF BIRTH (month, day, year) 7 January 8, 1906

STATE OF BIRTH (if not in U.S.A., name country) 8 South Dakota 9 U.S.A. 10 Married 11 Margaret 12 no

SOCIAL SECURITY NUMBER 13 543-05-9948 14a Farmer 14b Farming 15a Oregon 15b Marion 15c Stayton 15d 1359 N. 6th Ave. 15e YES

FATHER—NAME first middle last 16 Peter J. Kremer, Sr. 17 Margaret Kirsch 18 Margaret Kremer, Wife 19c Stayton, Oregon

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial 19b St. Mary's 19c Weddle Funeral Home Inc. 1777 Third Ave. Stayton, Ore. 97383

FUNERAL SERVICE LICENSEE OR PROVIDER (specify) 20a 20b 20c 20d 20e 20f 20g 20h 20i 20j 20k 20l 20m 20n 20o 20p 20q 20r 20s 20t 20u 20v 20w 20x 20y 20z

CERTIFIER—NAME AND TITLE (Type or Print) 21a Donald D. Sanders, M.D. 21b 374 Owens St. S.E. Salem, Ore 97302

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a Sept. 18, 1979 22b (Signature) 22c Trace Tomlin

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Chronic Nonlymphocytic leukemia Interval between onset and death 15 Months
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
ACCIDENT (Specify Yes or No) 23a DATE OF INJURY (Mo., Day, Yr.) 23b HOUR OF INJURY 23c DESCRIBE HOW INJURY OCCURRED 23d AUTOPSY (Specify Yes or No) 23e WAS CASE REFERRED TO MEDICAL EXAMINER 23f (Specify Yes or No) 23g

RESERVED FOR REGISTRAR'S USE

BELL & BELL
ATTORNEYS-AT-LAW
P. O. BOX 497
311 NORTH THIRD STREET
STAYTON, OREGON 97383

VS-2 Rev-8-78 P-85412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED May 13 1980

STATE REGISTRAR

[Signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 20th day of May A.D., 19 80 at 1:06 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 9223.

FEE \$3.50

WM. D. MILNE, County Clerk
By *[Signature]* Deputy