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WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL COPY FOR VITAL RECORDS.

DATE OF ISSUANCE
APR 10 1991
LINCOLN, NEBRASKA

STANLEY S. COOPER, REGISTRAR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH P 455

1. DECEDENT - NAME FIRST MIDDLE LAST ANNA EMMA ALBERTINE POHLMAN			2. SEX female	3. DATE OF DEATH (Month, Day, Year) March 19, 1991	
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) near Garland, Nebraska		5a. AGE - Last Birthday (Yrs.) 93	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Month, Day, Year) March 23, 1897
7. SOCIAL SECURITY NUMBER 506-86-1481		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
8b. FACILITY - Name (If not institution, give street and number) Bethesda Care Center		8c. CITY, TOWN OR LOCATION OF DEATH Waverly		8d. INSIDE CITY LIMITS (Specify Yes or No) yes	8e. COUNTY OF DEATH Lancaster
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Lancaster	9c. CITY, TOWN OR LOCATION Waverly		9d. STREET AND NUMBER (Including Zip Code) 11041-137th Street	9e. INSIDE CITY LIMITS (Specify Yes or No) yes
10. RACE - (e.g. White, Black, American Indian, etc.) (Specify) white		11. ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) American Ob		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
13. NAME OF SPOUSE (If wife, give maiden name) Rudolph H. Pohlman (dec.)		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Homemaker 914		14b. KIND OF BUSINESS INDUSTRY Home 961	
15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 8 years		16. FATHER - NAME FIRST MIDDLE LAST Richard (unk) Plautz		17. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Johanna (unk) Oldenburg	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		19. INFORMANT - NAME - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Edna Gerdes - Box 39-RFD#1; Malcolm, NE. 68402			
20a. BURIAL, Cremation, Removal, Donation Burial		20b. DATE March 22, 1991	20c. CEMETERY OR CREMATORY - NAME Garland Lutheran Cemetery		20d. LOCATION Garland, Nebraska
21. EMPALMER - SIGNATURE & LICENSE NO. Gregory W. Ziska 2365		22. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Wood Bros. 410 Jackson Seward, NE. 68434			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I CONGESTIVE HEART FAILURE Interval between onset and death MONTHS					
(a) DUE TO, OR AS A CONSEQUENCE OF: RHEUMATIC HEART DISEASE Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
24. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related PART II ANEMIA, OSTEOARTRITIS			25. PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Specify Yes or No) NO		28. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)			
29a. DATE OF DEATH (Mo., Day, Yr.) 03-19-1991		29b. DATE OF INJURY (Mo., Day, Yr.)		29c. HOUR OF INJURY	
29d. DESCRIBE HOW INJURY OCCURRED		29e. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE			
29f. INJURY AT WORK (Specify Yes or No)		29g. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		29h. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
29i. DATE OF DEATH (Mo., Day, Yr.) 03-19-1991		29j. DATE SIGNED (Mo., Day, Yr.) 03-22-91		29k. TIME OF DEATH 4:10 A.M.	
29l. PRONOUNCED DEAD (Mo., Day, Yr.)		29m. PRONOUNCED DEAD (Hour)		29n. PRONOUNCED DEAD (Hour)	
29o. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Arthur S. Annas					
29p. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		29q. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29r. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Arthur S. Annas 2200 So. 40th Street #109 Lincoln, Nebraska 68506.					
32a. REGISTRAR Stanley S. Cooper				32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAR 29 1991	

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The South One-Half of the Northwest Quarter (S1/2NW1/4) of Section 14, Township 11 North, Range 5 East of the 6th P.M., Lancaster County, NE. 1990 Co. Assessor's Actual Value, \$45,155.00.

Lot 6 in the Southwest Quarter (SW1/4), of Section 14, Township 11 North, Range 5 East of the 6th P.M., Lancaster County, NE., 1990 Co. Assessor's Actual Value, 45,639.00

LANCASTER COUNTY, NEBR.

Dan Jalko
REGISTER OF DEEDS

91 APR 12 PM 2:30
INST. NO. 91 10508

pd 500 Cash
5068
W. Travis Burney
RR 5 Lincoln (31)