7/8 N Lot 119

LOT AND PAGE NO. .....

Kekoskee Cemetery Record.

Sect C

Name of Purchaser Otto H Zander

Address of Purchaser .....

Date of Purchase Aug 9-1937 Am't. Rec'd $ 25.00

LOT
Part Lot Resold to From W.C. Cochrane

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund
Date Received ..... 195: Am't. Rec'd $ 87.50

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Otto N Zander	Home	Dec 19. 1899	Aug 14 1951	51 54
ALYCE A ZANDER		May 16, 1906	6-6-74	68
Virginia Zander	Home	1943	Aug 9th 1937	14

CLERK TREASURER DIRECTOR

Date record filed .....19....

REMARKS: .....

LOT AND PAGE NO. 784

Kekoskee Cemetery Record.

Sect C

Name of Purchaser Mrs. Wm Zander

Address of Purchaser Kekoskee Wis

Date of Purchase Sept 10-1934 Am't. Rec'd $ 10.00

LOT

Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 19

To whom made Am't. Asked $

Date Received Am't. Rec'd $

Donation Perpetual Fund

Date Received 1935 Am't. Rec'd $ 50.00

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
William Wm Zander	Kekoskee	Dec 1866	Sept 17-1934 by Feb 1955	68
Anna Marie Mrs Wm Zander	"	Oct 16-1868	Feb 5-1955	86
Lester Alvin Meyer		10/28/1920	Mar. 2, 1986	65
William Carl Meyer		2/16/1918	Jan. 26, 2003	84

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

Form No. V. S. 11—2/52—50M
BUREAU OF VITAL STATISTICS

WISCONSIN STATE BOARD OF HEALTH

BURIAL---TRANSIT PERMIT

Full name of deceased Anna Marie Zander

Death due to quarantinable disease* no (Yes or No)

Place of death Williamstown (Township, Village or City) Dodge (County) Wis (State)

Date of death February 2nd 19 55 Color White Sex Female Age 86

Method of disposal Burial (Whether burial, cremation, transportation, storage, etc.) Kekoskee (Cemetery or Crematory)

County Dodge State Wisconsin

A certificate of death having been filed as required by the laws of this State, permission is hereby given to E.H. Koepsell (Funeral Director or person acting as such) Address Mayville, Wis

to dispose of body of said deceased as above stated.

Signature F.G Bachhuber M. D. Per M.E. (Registrar)

Date February 5th 19 55 District Mayville (Town, Village or City) County Dodge

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was [illegible] on 2/5 19 55 in Kekoskee (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

located at Kekoskee

Signature H W Brandt (Sexton or person in charge)

SEE OTHER SIDE

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files.

* See list on other side.

PEI..... MUS..... COM..... REI..... TO ..... INA.....

LOT AND PAGE NO. 32 a

Sect C

Kekoskee Cemetery Record.

Name of Purchaser Ernest Gills Zills

Address of Purchaser Fond du Lac R 1

Date of Purchase ..... Am't. Rec'd $ .....

LOT

Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $ .....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund

Date Received Mrs Ed Zills Aug 1-1954 Am't. Rec'd $ 100.00

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Otto Gill		May 22 1893	Aug 18-1919	26
Lena Gill		1897	Aug 28-1922	25
Ernest A Zills	Fond du Lac	1895	Sept 3-1954	59
Mathilda Zills		1902	1981	79

CLERK TREASURER DIRECTOR

Date record filed .....19....

REMARKS:

Form No. V. S. 11—3/53—50M

BUREAU OF VITAL STATISTICS WISCONSIN STATE BOARD OF HEALT

BURIAL---TRANSIT PERMIT

Full name of deceased Ernest A Zills Death due to quarantinable disease* No (Yes or No)

Place of death R # 2 - Fond du Lac Fond du Lac Wisconsin (Township, Village or City) (County) (State)

Date of death Sept 1 1954 Color White Sex male Age 59 Yrs

Method of disposal Burial Kekoskee Cemetary (Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)

County Dodge State Wisconsin

A certificate of death having been filed as required by the laws of this State, permission is hereby given to W A Bidlingmaier Address Fond du Lac Wisc (Funeral Director or person acting as such) to dispose of body of said deceased as above stated.

Signature Wm H Bidlingmaier (Registrar)

Date Sept 3 1954 District Fond du Lac County Fond du Lac (Town, Village or City)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Sept 3 1954 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

located at Kekoskee Signature O O Engle (Sexton or person in charge)

SEE OTHER SIDE

This permit must be endorsed by the Sexton (or by the Funeral Direct...

TH ...IRMI ...IST ...EMAINS TO DESTINATION

LOT AND PAGE NO. 174 H

sect C

Kekoskee Cemetery Record.

Name of Purchaser ~~Emma~~ Willis Zills William Zills

Address of Purchaser

Date of Purchase May 18-1931 Am't. Rec'd $ 25.00

LOT atom lot
Part Lot Resold to Willis Zills by Emma Zills
(original R)

Date Resold Sept. 7-1949 Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 19....

To whom made Am't. Asked $

Date Received Am't. Rec'd $

Donation Perpetual Fund

Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
William Zills		1889	Mar. 26, 1964	74

CLERK TREASURER DIRECTOR

Date record filed 19....

REMARKS:

LOT AND PAGE NO. 71H

Kekoskee Cemetery Record.

sect C

Name of Purchaser Herman Carl Zingler

Address of Purchaser

Date of Purchase March 13-1956 Am't. Rec'd $ 150.00

LOT
Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made Mar 13 1956

To whom made Mrs. Carl Zingler Am't. Asked $ 50.00

Date Received Am't. Rec'd $

Donation Perpetual Fund

Date Received Am't. Rec'd $

RECORD OF BURIALS.

	NAME	Where From	Date of Birth	Date of Burial	Age
X	Herman Zingler	Farmersville	Jan 7th 1872	Mar 16-1956	84
	Verona Zingler	Mayville	1915	Oct 21-1999	84
	Verona Buried on her name sheet			Lot 86 86C Public Sq.	
	Louise Zingler		1884	1971	

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

BUREAU OF VITAL STATISTICS WISCONSIN STATE BOARD OF HEALTH

BURIAL---TRANSIT PERMIT

Jan 7th 1872

Full Name of Deceased Herman August Zingler

Place of Death Farmersville (Town or City) Wisconsin (County) (State)

Date of Death March 13th 19 56 Color White Sex Male Age 84

Cause of Death Cerebral Vascular Accident

Method of Disposal Burial (Burial, Cremation, Transportation, etc.) Kekoskee (Cemetery or Crematory)

County Dodge State Wisconsin

A certificate of death having been filed as required by laws of this state, permission is hereby given to Funeral Director, or person acting as such.

E.H. Koepsell (Name) Address Mayville, Wis

to dispose of said deceased as above stated. Signature F.G Bachhuber M. D. Per U. E. (Registrar)

Date March 16th, 19 56 Address Mayville Dodge Wis (City and County)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (Whether Cremated, Buried, Etc.) on 3/16, 1956, in Kekoskee (Cemetery or Crematory)

Located at Kekoskee Signature J W Zingler (Sexton or Person in Charge)

SEE OTHER SIDE

This permit must be endorsed by the sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Health
DOH-5045 (REV. 12/92)
(Computer Generated Form)

REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE

(Out of State Burial - Transit Permit)
Type or Print in Permanent Black Ink

STATE OF WISCONSIN
CHAP.69, WIS. STATS.

1. NAME OF DECEASED (First, Full Middle, Last): Verona Marie Zingler	2. SEX: ☐M ☒F	3. RACE: White	4. AGE: 84
5. COUNTY OF DEATH: Milwaukee	6. CITY, VILLAGE, TOWNSHIP: Milwaukee	7. DATE & TIME PRONOUNCED DEAD: (Month, Day, Year) Oct. 21, 1999	Hour: 0925 Min.: M
8. PLACE OF DEATH (If in Hospital): ☒Inpat. ☐DOA from NH ☐DOA from Other ☐Outpat. ☐ER from NH ☐ER from Other	9. OTHER PLACE: ☐N.H. ☐Other ☐Res. of Deceased	10. NURSING HOME License Number	NOTE: If hospice death occurred in a bed at a facility, place of death is "other". If at home, place is "residence".
11a. NAME OF INSTITUTION OR HOSPICE AND CAMPUS: St. Luke's Medical Center	11b. COMPLETE MAILING ADDRESS: 2900 W. Oklahoma, Milwaukee, WI 53215		
12. PERSON PRONOUNCING DEATH (Must be a physcian, Coroner/M.E., or Deputy) CHECK ONE: ☒Physician ☐Coroner ☐Dep. Cor. ☐M.E. ☐Dep. M.E. NAME: Dr. Ronald Hart	MAILING ADDRESS: 2801 W. KK River Parkway, Milwaukee, WI 53215		
13a. DID DEATH REQUIRE NOTIFICATION OF CORONER/MEDICAL EXAMINER? ☐Yes ☒No	13b. IF YES, COUNTY OF INCIDENT	NOTE: For reportable deaths see list below plus check with the county coroner/medical examiner. For reportable cases, notification must occur before release & embalming of body.	
14. NAME OF MEDICAL CERTIFIER (If physician, must have Wisconsin license): Dr. Ronald Hart	15. MAILING ADDRESS: 2801 W. KK River Parkway, Milwaukee, WI 53215		
16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)			
17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year): October 21, 1999	Hour: 0945 M	18. EXPECTED TYPE OF DISPOSITION: ☐Scientific Use ☒Burial ☐Cremation ☐Entombment ☐Unknown	19. EXPECTED DATE OF DISPOSITION (Month, Day, Year): October 26, 1999
20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory): Kekoskee Cemetery	21. CITY, VILL., TOWN: Kekoskee	22. COUNTY: Dodge	23. STATE: WI
24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member): Russ Koepsell	24b. MAILING ADDRESS: 301 N. Walnut St., Mayville, WI 53050		
25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member): Russ Koepsell	25b. DATE SIGNED (Month, Day, Year): October 22, 1999		

NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report for Final Disposition of a Stillbirth is **not** to be filed with the local registrar.

☐ Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report with the local Registrar.
☐ Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.

NOTE TO FUNERAL DIRS.

The filing of this Report with the Coroner/Medical examiner does not constitute official notification required under s. 979.01.

Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner of jurisdiction. If the case is reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner, in the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate, the coroner/medical examiner or deputy must sign the death certificate.

CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:

☐ (1) Homicides and suicides.
☐ (2) Deaths following accidents, even if the injury is not the cause of death. (Example: hip fractures in the elderly)
☐ (3) Deaths due to poisoning.
☐ (4) Deaths following abortion.
☐ (5) Deaths with unexplained, unusual or suspicious circumstances. (Sudden infant deaths and other circumstances as interpreted by the coroner/medical examiner are included here)
☐ (6) Deaths involving motor vehicles, snowmobiles, all-terrain vehicles and boats
☐ (7) Deaths with no physician or accredited spiritual healer in attendance 30 days preceding death
☐ (8) When, after reasonable efforts, the physician cannot be obtained or will not sign, or cannot sign the death record in time or in an emergency situation as determined by the coroner/Medical Examiner

For Funeral Director's Use:

The original Report for Final Disposition is to be filed with the local registrar.

Other copies to:
☐ Coroner/M.E.
☐ Sexton or Out of State transit
☐ Funeral Director's Copy

71H

LOT AND PAGE NO. [redacted]

Kekoskee Cemetery Record.

sect C

Name of Purchaser Herman Carl Zingler

Address of Purchaser

Date of Purchase March 13-1956 Am't. Rec'd $ 150.00

LOT
Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made Mar 13 1956

To whom made Mrs Carl Zingler Am't. Asked $ 50.00

Date Received Am't. Rec'd $

Donation Perpetual Fund

Date Received Am't. Rec'd $

RECORD OF BURIALS.

	NAME	Where From	Date of Birth	Date of Burial	Age
X	Herman Zingler	Farmersville	Jan 14-1872	Mar 16-1956	84
	Verona Zingler	Mayville	1915	Oct 21-1999	84
	Verona Buried on her name sheet			Lot 86 86C Public Sq.	
	Louise Zingler		1884	1971	

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

BUREAU OF VITAL STATISTICS WISCONSIN STATE BOARD OF HEALTH

BURIAL---TRANSIT PERMIT

Jan 14-1872

Full Name of Deceased Herman August Zingler

Place of Death Farmersville (Town or City) Wisconsin (County) (State)

Date of Death March 13th 19 56 Color White Sex Male Age 84

Cause of Death Cerebral Vascular Accident

Method of Disposal Burial (Burial, Cremation, Transportation, etc.) Kekoskee (Cemetery or Crematory)

County Dodge State Wisconsin

A certificate of death having been filed as required by laws of this state, permission is hereby given to Funeral Director, or person acting as such.

E.H. Koepsell (Name) Address Mayville, Wis

to dispose of said deceased as above stated. Signature F.G Bachhuber M. D. Per U. E. (Registrar)

Date March 16th, 19 56 Address Mayville Dodge Wis (City and County)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried 3/16, 1956, in Kekoskee (Whether Cremated, Buried, Etc.) (Cemetery or Crematory)

Located at Kekoskee Signature (Sexton or Person in Charge)

SEE OTHER SIDE

This permit must be endorsed by the sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

LOT AND PAGE NO.... 86

Kekoskee Cemetery Record.

86 C Public Sq
Sect B.

Name of Purchaser.... Verona Zingler.....

Address of Purchaser.....

Date of Purchase.. Unknown.. ..... Am't. Rec'd $.....

LOT
Part Lot Resold to.....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling.....

.....

Application for perpetual fund made..... .....19....

To whom made ..... Am't. Asked $.....

Date Received .. .. Am't. Rec'd $.....

Donation Perpetual Fund
Date Received..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Carl Zingler			Mar 24, 1983	75
Verona Marie Zingler			Oct. 21, 1999	84

CLERK TREASURER DIRECTOR

Date record filed.....19....

REMARKS:

LOT AND PAGE NO. 59

Kekoskee Cemetery Record.

sect B

Name of Purchaser ..... Wm Gering .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Wm Gering		Mar 14-1823	July 4-1876	53
" "				
Martin Gering		Apr 6-1805	May 8-1881	76
Amy Dohmeyer		Jan 24 1854	Aug 20-1929	75
Augusta Dohmeyer	Lomira	Jun 4 1854	Oct 19-1942	88

CLERK TREASURER DIRECTOR

Date record filed ..... 19....

REMARKS: .....