Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

REGISTRATION No. (Department Use Only) 019897

THIS IS A PERMANENT LEGAL RECORD - TYPE OR PRINT PLAINLY - COMPLETE ALL ITEMS
DO NOT USE RED OR GREEN INK
(See reverse for legal requirements under the Vital Statistics Act)
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information

SHADED AREAS — FOR OFFICE USE ONLY

NAME OF DECEASED

1. SURNAME (Print or Type): MCMENEMY
ALL GIVEN NAMES (Print or Type): ALYMER ALBERT
2. SEX: M [X] F [ ] UK [ ]
DATE OF DEATH: MM 10 DD 21 YY 92

PLACE OF DEATH

3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): 11861 - 99TH AVE. 5-0MA
CITY, TOWN OR OTHER PLACE (by name): SURREY 15M4
POSTAL CODE: V3V 2M3
INSIDE MUNICIPAL LIMITS? STATE: [X] YES [ ] NO

RESIDENCY INFORMATION AND USUAL ADDRESS

B.C. RESIDENT [X] NON-RESIDENT [ ]
IF BRITISH COLUMBIA RESIDENT, B.C. CARE CARD NO.
4. COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address): 11861 - 99TH AVE. 15M4
CITY, TOWN OR OTHER PLACE (by name): SURREY
POSTAL CODE: V3V 2M3
INSIDE MUNICIPAL LIMITS? STATE: [X] YES [ ] NO
PROVINCE (or country): BRITISH COLUMBIA

MARITAL STATUS

5. STATE: [X] SINGLE [ ] MARRIED [ ] WIDOWED [ ] DIVORCED 1
6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME:

OCCUPATION

7. KIND OF WORK DONE DURING MOST OF WORKING LIFE: PAINTER
8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: COMMERCIAL

BIRTHDATE

9. MONTH (by name), DAY, YEAR OF BIRTH: MAY 5, 1908
10. AGE (YEARS): 84 5
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 1 DAY: HOURS / MINUTES

BIRTHPLACE

11. CITY, TOWN OR OTHER PLACE: CANADA
PROVINCE (or country) OF BIRTH: (U/K) BW
12. NATIVE INDIAN? STATE: [ ] YES [X] NO

FATHER

13. SURNAME AND GIVEN NAMES OF FATHER (Print or Type): MCMENEMY, (U/K)
14. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY: SCOTLAND 12

MOTHER

15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): (U/K)
16. BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY: (U/K) 999

INFORMANT

SIGNATURE: X B. Mills
DATE SIGNED: 10 22 92
RELATIONSHIP TO DECEASED: STEP-DGHTR
ADDRESS OF INFORMANT: 8218 - 11B ST. DELTA
POSTAL CODE: V4C 4T1

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION

17. TYPE OF DISPOSITION: [ ] BURIAL [X] CREMATION [ ] OTHER (SPECIFY):
18. BURIAL PERMIT No.: AI7999
19. DATE OF BURIAL / DISPOSITION: MM 10 DD 24 YY 92
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: VICTORY MEMORIAL PARK SURREY

FUNERAL DIRECTOR

NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): SURREY MEMORIAL SERVICES LTD.
CLIENT NO.: 867
ADDRESS: 2977 KING GEORGE HIGHWAY SURREY, B.C. V4P 1B8

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

NOTATIONS:

CERTIFICATION OF DISTRICT REGISTRAR

I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: RSC'D D/O.R.B.L. SURREY, B.C. OCT 23 1992 BRITISH COLUMBIA
DATE Month / Day / Year
SIGNATURE OF DISTRICT REGISTRAR
REGISTRATION DISTRICT No.: 435

HLTH 406 REV 91/09