

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

PERMIT FOR DISINTERMENT OF HUMAN REMAINS

Permission is hereby requested for disinterment of the remains of:

Elizabeth Wishon who died on Jan 29, 1977
Name of Deceased Date of Death

At Reno, _____ The remains are now buried
Place of Death

At Mountain View Cemetery to be reinterred
Place of Burial Cemetery

At Mt. View Kingman Ariz. 1301 N. Stockton Hill Rd.
Place of Reinterment Kingman, AZ 86401

Steven Schwedtfeger will be in charge of all arrangements.
Name of Funeral/Cemetery Director

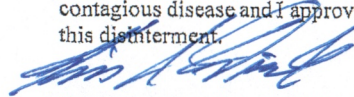
Madelyn Hendrickson
Name and Signature of Person Requesting Disinterment
(Attach a letter of request if remains taken out of County)

GRAND - Daughter
Relationship to Deceased

21275 S. LEWELLEN
Address Beavercreek Ore 97004

A certified copy of the death certificate must be attached to this permit.

APPROVED: Based on the attached death certificate, I certify that this death did not result from a contagious disease and I approve this disinterment.



District Health Officer

4/25/2022

Date

APPROVED: Signature required only for Out-of-State removal of human remains.

Chair
Board of County Commissioners

Date

April 22, 2022

①

Hello Board of County Commissioners,

Grandmother Elizabeth in 1956 told me her affairs were in order, and she wanted to be buried next to her deeply loved husband there in Kingman Ariz. She also said in a resigned voice she would probably have to go live with her estranged daughter, my birth mother; also estranged from me and three other half siblings.

What I came to realize as an adult was that her words were an unspoken plea and trust, that if this was to happen it would be me to see it done.

I feel I owe a debt and a life time gratefulness to Elizabeth and Judge Eddie Wishon for pulling the strings; seeing the State of Calif. remove my brother and I from our mother. This giving them temporary custody until my divorced father could remarry, and be given full custody. There were no tears shed by us as the state worker took us away. My brother was six and I was four.

For the next year and a half we were safe, loved had regular meals; and then reunited with my Father here in Oregon.

Our grandparents stayed in touch the following years. In 1956 at age nine my brother and I visited them in Kingman for the summer. It was on that visit that Grandmother told me her wish; she also said that both of their funerals and grave plots were payed for. Grandpa would pass in 1960, he is buried next to his mother, the plot on his other side still empty waiting for Elizabeth.

By about 1971 my Grandmother had moved in or by my birth mother. Details of her life from here out are fuzzy or second hand as she was under control of her daughter and the communication door was shut. I tried to send a register letter, her signature would mean she was alive. Nothing come back.

We now had two more half siblings, again by different fathers.

About a year after Grandmother's passing, the youngest brother hitch hiked up from Nev. and gave us the news of Elizabeth's death.

In 1980 on a trip through Utah I stopped to see my mother's brother, and was told of his death in the Grand Canyon one year to the day! His widow told me Elizabeth had been put in a county grove, her exact words were "poppers grave". Her voice was very much on edge, as if this was my fault. The visit only lasted under two minutes, I was more or less despressed; I didn't know where she was buried, and there was no way to ask.

Two years ago I found Grandma was buried at the Mt. View cemetery in Reno. I began letter writing and phone calls to see what it would take to have her moved to Kingman. At that time being told I needed a "Court Order" and the expenses became overwhelming.

What has now made it possible

(4)

is the internet, email and phone help from Tommaier retired "Meals on Wheels Director" Portland Ore. Also the help from his wife Siggey.

Tom is also setting up and will be beneficiary for the "Go Fund Me," to cover expenses other than those I am able to.

Heres waiting for your approval.

Yours Truly,

Madelyn Hendrickson

21275 S. LEWELLEN Rd.

Beavercreek Ore 97004

503-632-5775- land line

Tommaier my rep.

oregon maier @ gmail.com

503-457-4104 CELL 503-632-3173 home

475

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS
STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES

ROLL 41 IMAGE 464 DIVISION OF HEALTH—SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

77-000391
STATE FILE NUMBER

393
TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
982-4
29-005

1. DECEASED—NAME FIRST MIDDLE LAST Elizabeth WISHON			2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) January 29, 1977	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	5a. AGE—LAST BIRTHDAY (YEARS) 93	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 19, 1884	7b. COUNTY OF DEATH Washoe
7a. CITY, TOWN, OR LOCATION OF DEATH Reno		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Reno Convalescent Center		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Tennessee		9. CITIZEN OF WHAT COUNTRY U.S.A.		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		12. SOCIAL SECURITY NUMBER			
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		13b. KIND OF BUSINESS OR INDUSTRY Own Home			
14a. RESIDENCE—STATE Nevada	14b. COUNTY Washoe	14c. CITY, TOWN, OR LOCATION Reno		14d. STREET AND NUMBER 1300 Mill Street	

15. FATHER—NAME FIRST MIDDLE LAST Gill			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
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17a. INFORMANT—NAME Helyn Thompson		17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) P.O. Box 158 Silver Springs, Nevada 89429			
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PART I. DEATH WAS CAUSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Cerebral Thrombosis DUE TO, OR AS A CONSEQUENCE OF:			4 days
(b) Generalized Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF:			Years
(c)			

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				19a. AUTOPSY (YES OR NO) No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR 4-1-74		21b. TO MONTH DAY YEAR 1-29-77		21c. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 1-29-77	21d. I DID/DID NOT VIEW THE BODY AFTER DEATH. did not	21e. DEATH OCCURRED (HOUR) AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, OR TO THE CAUSE(S) STATED. 9:15p
22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				22b. HOUR OF DEATH	22c. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	

23a. CERTIFIER—NAME (TYPE OR PRINT) Donald Haislip, M.D.		23b. SIGNATURE <i>Donald Haislip M.D.</i>		23c. DEGREE OR TITLE M.D.	23d. DATE SIGNED (MONTH, DAY, YEAR) 2-1-77
23e. MAILING ADDRESS—CERTIFIER 77 Pringle Way		23f. STREET OR R.F.D. NO.		23g. CITY OR TOWN Reno, Nevada	23h. STATE Nevada

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY—NAME Mountain View Cemetery		24c. LOCATION Reno	24d. CITY OR TOWN Nevada
24e. DATE (MONTH, DAY, YEAR) Feb. 8, 1977		24f. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Ross, Burke & Knobel Mortuary; 2155 Kietzke Ln., Reno, Nv. 89502		
25a. FUNERAL DIRECTOR—SIGNATURE <i>Janis L. McCarroll</i>		25b. REGISTRAR—SIGNATURE <i>Sandra Williamson</i>		25c. DATE RECEIVED BY LOCAL REGISTRAR February 7, 1977



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 05 2019**

Julie Katchear
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

