Province of
British Columbia
Ministry of Health and
Ministry Responsible for Seniors
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

DOCUMENT CONTROL NUMBER (Office Use Only): 100732247

REGISTRATION NUMBER (Office Use Only): 94-021332

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

NAME OF DECEASED

1. SURNAME (Print or Type): RASK
ALL GIVEN NAMES (Print or Type): MARYAN Elizabeth
2. SEX: ☐ M ☑ F ☐ U/K
3. DATE OF DEATH (By Name): NOV 16 1994

PLACE OF DEATH

4. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred, address): Royal Jubilee Hospital
CITY, TOWN OR OTHER PLACE (By name): VICTORIA B.C.

RESIDENCY INFORMATION AND USUAL ADDRESS

B.C. RESIDENT: ☑ NON-RESIDENT: ☐
IF B.C. RESIDENT, PERSONAL HEALTH NUMBER:
5. ABORIGINAL STATUS? YES NO
REGISTRATION #:
6. COMPLETE STREET ADDRESS (If rural give exact location (Not Post Office or Rural Route address)): 1023 Dunsmuir Rd.
YEARS PRESENT IN COMMUNITY:
CITY, TOWN OR OTHER PLACE (by name): VICTORIA
PROVINCE/STATE (country): B.C.
POSTAL CODE: V9A 5C6

MARITAL STATUS

7. STATE: ☐ NEVER MARRIED ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ OTHER
8. IF MARRIED, WIDOWED, SEPARATED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME: FRANCIS VERNON RASK.

OCCUPATION

9. KIND OF WORK: CLERICAL
YEARS:
10. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: MINISTRY of HEALTH (PROV.)

BIRTHDATE

11. MONTH (by name) DAY YEAR: SEP. 27 1928
12. AGE (YEARS): 66
IF UNDER 1 YEAR MONTHS DAYS:
IF UNDER 1 DAY HOURS MINUTES:

BIRTHPLACE

13. CITY, TOWN OR OTHER PLACE: VICTORIA
PROVINCE/STATE (country) OF BIRTH: B.C.

FATHER

14. SURNAME AND GIVEN NAMES OF FATHER (Print or Type): LEVINGS, STEPHEN Herbert
15. BIRTHPLACE – CITY OR PLACE, PROVINCE/STATE (country): ENGLAND

MOTHER

16. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): LEECH MURIEL
17. BIRTHPLACE – CITY OR PLACE, PROVINCE/STATE (country): ENGLAND

INFORMANT

SIGNATURE: X Mr. Francis V Rask
DATE SIGNED (By Name): NOV 17 1994
RELATIONSHIP TO DECEASED: HUSBAND
NAME OF INFORMANT (Print or Type): FRANCIS VERNON RASK.
ADDRESS OF INFORMANT: 1023 DUNSMUIR RD. VICTORIA
POSTAL CODE: V9A 5C6

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION

18. TYPE OF DISPOSITION: ☐ BURIAL ☒ CREMATION ☐ OTHER (SPECIFY):
19. BURIAL PERMIT NUMBER: Y00174876
20. DATE OF BURIAL / DISPOSITION (By Name): NOV 21 1994
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: ROYAL OAK CREMATORIUM, SAANICH

FUNERAL DIRECTOR

NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): FIRST MEMORIAL FUNERAL SERVICES
CLIENT NO.: 806
ADDRESS: 4725 FALAISE DRIVE, VICTORIA, B.C.
POSTAL CODE: V8Y 1B4

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: VICTORIA, B.C. BRITISH COLUMBIA
Month Day Year (By Name): NOV 18 1994
SIGNATURE OF DISTRICT REGISTRAR: A.M. Jeffrey
REGISTRATION DISTRICT No.: 046

HLTH 406 REV 92/12
IBF 99251