Auschwitz

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3906

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1459

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 21 yrs; IN ARIZONA 21 yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1729 E. Van Buren

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1729 E. Van Buren

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Myrtle B. (MIDDLE) C. (LAST) White

4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH May DAY 26 YEAR 1882
8. AGE (IN YEARS LAST BIRTHDAY): 74
IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Own home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Aaron Crosby Henson
14B. BIRTHPLACE (STATE OR COUNTRY): unk.
15A. MOTHER'S MAIDEN NAME: unk.
15B. BIRTHPLACE (STATE OR COUNTRY): unk.
16. INFORMANT'S SIGNATURE: Raymond F. Law, Phoenix, Ariz. ADDRESS
17. DATE OF DEATH (MONTH) June (DAY) 6 (YEAR) 1956

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cardio renal — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Vascular disease — unknown
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 54, 19__, TO 6/6/56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 6/4/56, 19__, AND THAT DEATH OCCURRED AT 4:45A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J. Barber Jr MD
22B. ADDRESS: 16 E. Monroe, Phoenix
22C. DATE SIGNED: 6/6/56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: June 8, 1956
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
26A. DATE REC. BY LOCAL REG.: 6/11/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore
27B. ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Robert W. Tracy
28B. EMBALMER'S CERT. NO.: 282

FORM VS-2 REV. 3-15-55 OF-1

OF DEATH 17
AND 29
RESIDENCE X
1
2
CEDENT 3
RSONAL
DATA 174
7
656
CAUSE 412X
OF
DEATH
TEM 18) 0
0
RATIONS, 2
UTOPSY
EDICAL +
IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S IFICATION
UNERAL 83
IRECTOR AND 2
EGISTRAR
121