2963

Dr. Hartman

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

255

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 161

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 225 S. Hibbert (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution -- ; In Community 40 Yrs. (Specify whether years, months or days) ; In Arizona 60 Yrs.
2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Maricopa ; (c) City or Town Mesa (If outside city limits also write RURAL)
(d) Street No. 225 S. Hibbert, Mesa, Arizona ; (e) If foreign born, in U. S. A. ..... yrs.
3. (a) FULL NAME Amanda Christina Hastings (b) If veteran name war - (c) Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Married

6. (b) Name of husband or wife: Joseph Hastings
6. (c) Age of husband or wife, if alive 73 yrs.

7. Birthdate of deceased July 15, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	2	10	hrs. ..... min. .....

9. Birthplace Provo, Utah (City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business

Father
12. Name Christipher Jensen Kemps
13. Birthplace Denmark (City, town or county) (State or Country)

Mother
14. Maiden Name Anna Dortha Johnson
15. Birthplace Norway (City, town or county) (State or Country)

16. (a) Informant's own signature + Elmer Hastings
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 9-29 1941
18. (a) Embalmer's Signature R. N. Daybell
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa Arizona

19. (a) 10-22-41 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) SEPT. 25, 1941, 19.....;
TIME (Hour and minute) 7:55 P.M. M.
21. I hereby certify that I attended the deceased from Sept. 1940, 19..... to ....., 19.....;
that I last saw her alive on 9/25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Sigmoid Carcinoma
Due to
Due to
Other conditions Senility (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
13 mon.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. F. Hartman M. D.
Address Mesa Date signed 9/29/41