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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 132

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location on farm (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution on farm; in Community 19 yrs (Specify whether years, months or days) In Arizona 28 yrs.

2. Usual Residence of Deceased: (a) State arizona; (b) County Yuma; (c) City or Town Yuma (If outside city limits also write RURAL)

(d) Street No. on farm; (e) If foreign born, in U.S.A. yrs.

3. (a) FULL NAME Alfred Ralph Kuepper (KNEPPER) (b) If veteran, name war (c) Social Security No. none (If NONE write the word)

4. Sex male | 5. Color or Race white | 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Ann Kuepper | 6. (c) Age of husband or wife, if alive 36 yrs.

7. Birthdate of deceased March 15-1905 (Month) (Day) (Year)

8. AGE: Years 36 | Months 6 | Days 12 | If less than one day hrs. min.

9. Birthplace Clay County Kansas (City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business Farm

Father { 12. Name Alfred A Kuepper; 13. Birthplace ~~Yuma Ariz~~ Chautauqua Co Kansas (City, town or county) (State or Country)

Mother { 14. Maiden Name Cora M Gill; 15. Birthplace Clay County Kansas (City, town or county) (State or Country)

16. (a) Informant's own signature X Hazel A. Tate

(b) Address Yuma arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Riverview cem (c) Date Oct 1 1941

18. (a) Embalmer's Signature A. Johnson

(b) Funeral Director The Johnson mortuary

(c) Address Yuma arizona

19. (a) Sept. 30 1941 (Date received for registration)

(b) Mary A. Huffman (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 27 1941; TIME (Hour and minute) 10:45 a. M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation

Due to Tractor turned over crushing patient to death

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION 9/27/41

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) accidental

(b) Date of occurrence Sept 27-41

(c) Where did injury occur? Rural Yuma arizona (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)

While at work? yes (e) Means of injury? Tractor turned crushing

23. Signature R.H. Lutes, Coroner M. D.

Address Yuma, Ariz. Date signed 9-30-41