

496

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

682
State File No.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 1165 7th Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 days; In Community 8 months
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Iowa; (b) County Emmett; (c) City or Town Armstrong
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (yes or No) no
3. (a) FULL NAME Arthur Raymon Mardick (b) If Veteran name was _____ If Yes, which country _____ 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
8. (b) Name of husband Luella Mardick 6. (c) Age of husband or wife, if alive 51 yrs.
7. Birthdate of deceased January 8 1889
(Month) (Day) (Year)
9. AGE: Years 53 Months 7 Days 25 days If less than one day _____ min. _____
9. Birthplace Garnet, Anderson, Kansas
(City, town or county) (State or Country)
10. Usual Occupation farmer
11. Industry or Business farm
12. Name Andrew S. Mardick
13. Birthplace Indiana
(City, town or county) (State or Country)
14. Maiden Name Daisy Goodrick
15. Birthplace Kansas
(City, town or county) (State or Country)

16. (a) Informant's own signature Luella Mardick
(b) Address 1165 7th Ave Yuma, Arizona

17. (a) Burial, Cremation or Removal Removal
Iola Kansas date 9/4/42
(b) Dr. Johnson

18. (a) Embalmer's Signature _____
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) Sept. 10 1942
Date received local Registrar
(b) Jerry A. Shipperman
Registrar's Signature

20M 100% Reg 9-19-41

20. DATE OF DEATH (Month, day and year) September 3 1942, 19____
TIME (Hour and minute) 1:30 p M.

21. I hereby certify that I attended the deceased from Sept 3
1942 to Sept 3, 1942
that I last saw him alive on Sept 3, 1942

and that death occurred at the date and hour stated above.
Immediate cause of death Ch. Valvular Heart Disease
Ch. Pyelonephritis - Chronic

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: None
Of operations _____

Of autopsy None

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 Arthur Shipperman M.D.
Address Yuma, Arizona Date signed Sept 3 1942

Handwritten signature