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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. ____
Registrar's No. 88

1. Place of Death: (a) County Pinal (b) City or Town Rural (If outside city limits also write RURAL) (c) Location 25 miles east of Florence (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ____; In Community One Month-13 Days in Arizona One Month-13 Days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Minn.; (b) County ~~Cass~~ Big Stone (c) City or Town Odessa (If outside city limits also write RURAL)

(d) Street No. ____; (e) Citizen of foreign country (yes or No) No
If Yes, which country None (If NONE write the word)

3. (a) FULL NAME Kienholz, Milton L. (b) If Veteran name war ____ Social Security No. ____

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

6. (b) Name of husband or wife --
6. (c) Age of husband or wife, if alive -- yrs.

7. Birthdate of deceased Aug. (Month) 23 (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
23	3	12	hrs. ____ min. ____

9. Birthplace Bellingham (City, town or county) Minn. (State or Country)

10. Usual Occupation Soldier

11. Industry or Business --

Father { 12. Name ____
13. Birthplace ____ (City, town or county) (State or Country)

Mother { 14. Maiden Name ____
15. Birthplace ____ (City, town or county) (State or Country)

16. (a) Informant's own signature WD AGO Form 24
(b) Address John U. Beyer, Capt, MC

17. (a) Burial, Cremation or Removal Removal
(b) Place Appleton Minn (c) Date 12/8 1942

18. (a) Embalmer's Signature George A. Dyer
(b) Funeral Director Verna E. Locum Arizona Mortuary Inc.
(c) Address Tucson Arizona

19. (a) 12/8/42 Dec 28 1942 (Date received local Registrar)
(b) D. A. Martin (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 4, 1942;
TIME (Hour and minute) 3:30 P.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 Multiral Compound Fractures, Third degree Burns Evisceration

Due to Aircraft Accident

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

DURATION

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) Accident
(b) Date of occurrence December 4, 1942
(c) Where did injury occur? 35 Miles east of Florence, Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Army Aircraft (Specify type of place)
While at work? Yes (e) Means of injury above

23. Signature John U. Beyer, Jr. Capt., M.C., M. D.
Address Davis Monthan Field Arizona Date signed 12-7-42