

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 70

Registrar's No. 54

1. Place of Death: (a) County Coconino (b) City or Town Flagstaff rural (c) Location San Francisco Peak
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None Passing through None Transient
(Specify whether years, months or days) (In Community) (in Arizona)
2. Usual Residence of Deceased: (a) State California (b) County Riverside (c) City or Town Blythe
(If outside city limits also write RURAL)
(d) Street No. 34th Bombardment Group, Army Air Base (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Robert E Sanford, T/Sgt (b) If Veteran name war Active duty 1943 If Yes, which country USA Social Security No. Unknown (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 Ortha Sanford 6. (c) Age of husband or wife, if alive None yrs.
7. Birthdate of deceased Feb. 1 - 1920
(Month) (Day) (Year)
8. AGE: Years 22 Months 5 Days 5 If less than one day hrs. min.
9. Birthplace Wesgufka Alabama
(City, town or county) (State or Country)
10. Usual Occupation Radio Operator
11. Industry or Business U.S. Army
Father { 12. Name Hillard E. Sanford
13. Birthplace Unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Fannie Bell
15. Birthplace U.S.
(City, town or county) (State or Country)

16. (a) Informant's own signature _____
(b) Address Sta Hosp, AAFSGS, Kingman, Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place Walla Walla Wash Date 3/9 1943
18. (a) Embalmer's Signature Joy Van Hatten
(b) Funeral Director Van Hatten Mortuary
(c) Address Kingman, Arizona
19. (a) May 30, 1943
(Date received local Registrar)
(b) Gertrude Schmidt
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 5, 1943
TIME (Hour and minute) Between 1 and 2 A.M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Sudden accidental death due to crushing of the skull; fractures of both legs; severe burns of the body.
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy As above

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 March 5, 1943
(c) Where did injury occur? Flagstaff Coconino Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place; San Francisco Peak
(Specify type of place)
While at work? Yes (e) Means of injury Airplane accident
23. Signature Edward Liston M. D.
Address Sta Hosp, AAFSGS, Kingman, Ariz. Date signed Mar 6, 1943