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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 182
Registrar's No. 1700

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 3 days (Specify whether years, months or days); in Arizona 3 days;

2. Usual Residence of Deceased: (a) State Kansas; (b) County Finney; (c) City or Town Garden City (If outside city limits also write RURAL)
(d) Street No. unknown (e) Citizen of foreign country (yes or No) If Yes, which country
(b) If Veteran name war (c) Social Security No.

3. (a) FULL NAME William E. Henshaw

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

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

7. Birthdate of deceased March 5, 1855 (Month) (Day) (Year)

8. AGE: Years 88 | Months | Days | If less than one day hrs. ..... min.

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

10. Usual Occupation Retired Farmer

11. Industry or Business

Father
12. Name David Henshaw
13. Birthplace (City, town or county) Unknown (State or Country)

Mother
14. Maiden Name Elizabeth Lewis
15. Birthplace (City, town or county) Unknown (State or Country)

16. (a) Informant's own signature Mrs. Ortis Phoenix Dan.
(b) Address Ramona California

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date Nov. 16 1943

18. (a) Embalmer's Signature [signature]
(b) Funeral Director [signature]
(c) Address 617 N. Central

19. (a) NOV 16 [illegible] (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. ..... Date Received .....

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 11 1943; TIME (Hour and minute) 4:30 P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1943 to Nov 11, 1943; that I last saw him alive on Nov 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Due to Foreign accident multiple fractures
Due to Concussion brain
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION
2 Ops

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 Nov 9 1943
(c) Where did injury occur? Chaco (City or Town) Maricopa (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place) was struck out by car
While at work? (e) Means of injury Auto injury

23. Signature [signature] M. D.
Address 301 Lake Bldg Date signed 11-15-43