2829

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 1343
Registrar's No.

1. Place of Death: (a) County Mohave (b) City or Town Short Creek (c) Location (St. & No. (or) Name of Institution)
(If outside city limits write RURAL)
(d) Length of Stay: In Hospital or Institution ; In Community 4 months ; In Arizona 4 months
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Mohave ; (c) City or Town Short Creek
(If outside city limits write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.
3. (a) FULL NAME Joseph Lyman Jessop, Jr. (b) If veteran name war (f) Social Security No. 529 031 939
(If NONE write the word)

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

6. (b) Name of husband or wife: Leota Dockstader
6. (c) Age of husband or wife, if alive 19 yrs.
7. Birthdate of deceased April (Month) 15 (Day), 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
25	6	18	hrs. min.

9. Birthplace Millville, Utah (City, town or county) (State or Country)
10. Usual Occupation Carpenter
11. Industry or Business
Father: 12. Name Joseph Lyman Jessop
13. Birthplace Millville, Utah (City, town or county) (State or Country)
Mother: 14. Maiden Name Winnie Porter
15. Birthplace Colonia Dublan, Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Jos. L. Jessop
(b) Address Salt Lake City, Utah
17. (a) Burial, Cremation or Removal Burial
(b) Place Short Creek (c) Date Nov. 4 1943
18. (a) Embalmer's Signature
(b) Funeral Director M. M. Hammon
(c) Address Short Creek, Ariz.
19. (a) Nov. 3, 1943 (Date received local Registrar)
(b) Mrs. Ruth Black (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 2, 1943
TIME (Hour and minute) 3:10 p.m. 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

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy
No Medical attendant

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 Nov. 2, 1943
(c) Where did injury occur? Jacobs Lake (City or Town) (County) Ariz. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? Yes (e) Means of injury Falling limb
23. Signature Mrs. Ruth Black, local Registrar
Address Short Creek Date signed Nov. 3, 1943