1994

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 355
Registrar's No. 50

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location Mesa Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 weeks; In Community 3 yrs.; In Arizona 17 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (If outside city limits also write RURAL)

(d) Street No. 117 So. Date St.; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Kenneth Alton Mortensen (b) If Veteran name war (c) Social Security No.

4. Sex: Male
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Huleta Merrill
6. (c) Age of husband or wife, if alive 35 yrs.
7. Birthdate of deceased October 19, 1897 (Month) (Day) (Year)
8. AGE: Years 46 | Months 4 | Days 4 | If less than one day hrs. min.
9. Birthplace Colonia Dublan, Chihuahua, Mexico (City, town or county) (State or Country)
10. Usual Occupation Laborer
11. Industry or Business

Father
12. Name James Mortensen
13. Birthplace Denmark (City, town or county) (State or Country)

Mother
14. Maiden Name Ida J. Pease
15. Birthplace Newark, Wisconsin (City, town or county) (State or Country)

16. (a) Informant's own signature Huleta Mortensen
(b) Address 117 So. Date St. Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa Cemetery (c) Date 2/26/44 19

18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen-Kingsley
(c) Address 1020 W. Wash.

19. (a) March 2, 1944 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 23, 1944; TIME (Hour and minute) 2:45 P. M.

21. I hereby certify that I attended the deceased from February 6, 1944 to February 23, 1944 that I last saw him alive on February 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of arm
Due to Infection of hand & Thrombosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION: 1 wk

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)
(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 Jas. M. Kneason M. D.
Address Chandler, Ariz. Date signed 2/28/44

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