2214

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 667
Registrar's No. 43

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 8th st. and Date Ave (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 24 yrs (Specify whether years, months or days); in Arizona 24 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma (If outside city limits also write RURAL)
(d) Street No. 8th St & Date Ave; (e) Citizen of foreign country (yes or No) no
If yes, which country

3. (a) FULL NAME Abraham Banta (b) If Veteran name war (c) Social Security No.

4. Sex male | 5. Color or Race white | 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Lottie Banta | 6. (c) Age of husband or wife, if alive 66 yrs.

7. Birthdate of deceased May (Month) 12 (Day) 1862 (Year)

8. AGE: Years 81 | Months 9 | Days 9 | If less than one day hrs. min.

9. Birthplace Henry County Missouri (City, town or county) (State or Country)

10. Usual Occupation farmer

11. Industry or Business farm

Father
12. Name William Banta
13. Birthplace Kentucky (City, town or county) (State or Country)

Mother
14. Maiden Name Margaret Goff
15. Birthplace Kentucky (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Mary A Booth
(b) Address c/o Yuma General Hospital Yuma, Ariz.

17. (a) Burial, Cremation or Removal X Mrs Mary A. Booth
(b) Place Yuma Cemetery (c) Date 2/25/44

18. (a) Embalmer's Signature C. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) Feb. 24 1944 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 21 1944, 19
TIME (Hour and minute) ~~Feb. 21~~ 8:00 P.M.

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

Immediate cause of death: Epithelioma of face extending into brain

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION 10 yrs.

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 D. C. Cain M. D.
Address Yuma Ariz. Date signed Feb 23 44

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