

1945

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 108-8

Registrar's No. \_\_\_\_\_

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

(d) Length of Stay: In Hospital or Institution no; In Community 4 years; in Arizona 2 years 2 months  
(Specify whether years, months or days)

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

(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) no  
If yes, which country \_\_\_\_\_

3. (a) FULL NAME Betty Louise Lunt (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive, \_\_\_\_\_ yrs.

7. Birthdate of deceased 12 14 1939  
(Month) (Day) (Year)

8. AGE: Years 4 Months 7 Days 13 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

12. Name Waldon J. Lunt

13. Birthplace Duncan Arizona  
(City, town or county) (State or Country)

14. Maiden Name Cessa Moffett

15. Birthplace Clonia Dublin N.Y.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Waldon J. Lunt  
(b) Address Duncan Arizona

17. (a) Burial, Cremation or Removal \_\_\_\_\_  
(b) Place Duncan Ariz. Date 7/30/44

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director Ernest Romney  
(c) Address Duncan Ariz.

19. (a) None 19-1945  
(Date received local Registrar)  
(b) Eugene Romney  
(Registrar's Signature)

20M 100% Raq 8-42 B Co. County File No. \_\_\_\_\_ Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 27, 1944;  
TIME (Hour and minute) 10:30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on July 21, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Bacteria

Due to Accidental explosion of

gas oil refrigerator

and burning of house  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 7/27/44

(c) Where did injury occur? Duncan Greenlee Ariz.  
(City or Town) (County) (State)

(d) Did injury occur at or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? No (a) Means of injury Fire

23. Signature H. S. Neighbor M. D.  
Address Duncan, Ariz. Date signed 6/5/45