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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 213
Registrar's No. 41

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 242 So. Lesueur (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 16 yrs.; In Arizona 24 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. 242 So. Lesueur; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Phoebe Melinda Porter Kartchner (b) If Veteran name war (c) Social Security No. None

4. Sex: Female
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Culver Kartchner
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased Sept. 16, 1869 (Month) (Day) (Year)
8. AGE: Years 75 | Months 5 | Days 26 | If less than one day hrs. ___ min. ___
9. Birthplace Fillmore, Utah (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father: 12. Name Isaac V. Carling
13. Birthplace Kingston, N. Y. (City, town or county) (State or Country)
Mother: 14. Maiden Name Seaath Elizabeth Browning
15. Birthplace Adams Co., Ill. (City, town or county) (State or Country)
16. (a) Informant's own signature Elmo Porter
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 3-17-45 19
18. (a) Embalmer's Signature
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) March 22, 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 14, 1945; TIME (Hour and minute) 9 A. M.
21. I hereby certify that I attended the deceased from June 44, 19 to Sept, 19 44, that I last saw her alive on Sept 28th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Hemmaglepin
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION: March 14th; 6 month

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) Name of injury

23. Signature [signature] M. D.
Address Mesa Date signed 3/22/45

40M—100% Rag—6-10-44