

003

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 280  
Registrar's No. 469  
Good Samaritan Hosp.

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 4 wks.; In Community 1 month; In Arizona 1 month  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Illinois; (b) County Wayne; (c) City or Town Fairfield  
(If outside city limits also write RURAL)  
(d) Street No. 105 N 1st; (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME JAMES V HEIDINGER (b) If Veteran name war No (c) Social Security No. none

4. Sex M 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Besse Heidinger 6. (c) Age of husband or wife, if alive 63 yrs.  
7. Birthdate of deceased July 17, 1882  
(Month) (Day) (Year)  
8. AGE: Years 62 Months 8 Days 5 If less than one day hrs. min.  
9. Birthplace Mt. Erie, Illinois (City, town or county) (State or Country)  
10. Usual Occupation Attorney, Member of House of Representatives  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name William B. Heidinger  
13. Birthplace Pennsylvania (City, town or county) (State or Country)  
Mother { 14. Maiden Name Elizabeth Vandveer  
15. Birthplace Illinois (City, town or county) (State or Country)

16. (a) Informant's own signature Besse S Heidinger  
(b) Address 105 N 1st St, Fairfield, Ill.  
17. (a) Burial, Cremation or Removal Removal  
(b) Place St Louis, Missouri (b) Date 3-24 1945  
18. (a) Embalmer's Signature Stanley Clegg  
(b) Funeral Director A L Moore & Sons  
(c) Address 333 W Adams, Phoenix, Ariz.  
19. (a) MAR 23 1945 (Date received Local Registrar)  
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) March 22, 1945  
TIME (Hour and minute) 2:30 A.M.  
21. I hereby certify that I attended the deceased from Feb. 21, 1945 to March 22, 1945  
that I last saw h. Heidinger alive on March 22, 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Due to Pulmonary Fibrosis  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 [Signature] Date signed March 23-45 M. D.

DURATION  
1 year  
PHYSICIAN  
Underline the cause to which death should be charged statistically