2201

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 356

Registrar's No. H

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Navajo (b) City or Town Snowflake (If outside city limits also write RURAL) (c) Location Riley Gardner Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 7 days (Specify whether years, months or days); In Arizona 65 years

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

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

3. (a) FULL NAME John Heber Hansen (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 Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased May (Month) 6 (Day) 1858 (Year)

8. AGE: Years 87 Months 4 Days 23 If less than one day hrs. min.

9. Birthplace Fairview Utah (City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business

Father: 12. Name Peter O. C. Hansen
13. Birthplace Copenhagen Denmark (City, town or county) (State or Country)

Mother: 14. Maiden Name Ann Catherine Coffee
15. Birthplace Cog v Denmark (City, town or county) (State or Country)

16. (a) Informant's own signature J. C. Hansen
(b) Address Lakeside Ariz. (Son)

17. (a) Burial, Cremation or Removal Removal
(b) Place Lakeside (c) Date May 30 '44

18. (a) Embalmer's Signature
(b) Funeral Director Gilmore Jackson
(c) Address Lakeside.

19. (a) May 27 1945 (Date received Local Registrar)
(b) Blan [illegible] Flake (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 27, 1945;
TIME (Hour and minute) M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure
Having Heart Dease is
Due to
Due to
Other conditions (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)
(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 N. Heywood M. D.
Address Snowflake Date signed May 27

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