

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **80**
Registrar's No. **53**

1. Place of Death: (a) County Cocconino (b) City or Town Flagstaff Rural (c) Location at Ranch
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 months; In Community 4 months; In Arizona 4 months
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cocconino; (c) City or Town Flagstaff
(If outside city limits also write RURAL)
(d) Street No. at Ranch; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Earl Roy Heckethorn (b) If Veteran Yes name war WW (c) Social Security No. None

4. Sex male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced x
(b) Name of husband or wife None (c) Age of husband or wife, if alive 2 yrs.

7. Birthdate of deceased April 15 1945
(Month) (Day) (Year)
8. AGE: Years 4 Months 6 Days 4 hrs. 6 min.

9. Birthplace Flagstaff Ariz
(City, town or county) (State or Country)

10. Usual Occupation None
11. Industry or Business None

Father { 12. Name Earl W Heckethorn Jr.
13. Birthplace Flagstaff Ariz
(City, town or county) (State or Country)

Mother { 14. Maiden Name Betty Lou Keith
15. Birthplace Flagstaff Ariz
(City, town or county) (State or Country)

16. (a) Informant's own signature Earl W Heckethorn Jr.
(b) Address Flagstaff Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Flagstaff (c) Date Aug 23 1945

18. (a) Embalmer's Signature W. L. Compton
(b) Funeral Director " " " "
(c) Address Flagstaff Ariz

19. (a) August 29 1945
(Date received Local Registrar)
(b) Gertrude Schmidt
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 27-Aug 1945
TIME (Hour and minute) 1:19 P.M.

21. I hereby certify that I attended the deceased from any 19 45 to any 21 19 45
that I last saw him alive on any 20 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis
Due to meningococci
Due to her
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None

DURATION
4 days
4 mos. 6 days
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) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or Town) (County) State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)

While at work? None (e) Means of injury None
23. Signature Charles J. Fisher M. D.
Address Flagstaff Date signed Aug 28 45