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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. 66
Registrar's No. 64

1. Place of Death: (a) County Coconino (b) City or Town Flagstaff (If outside city limits also write RURAL) (c) Location Flagstaff Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 wk; In Community 15 days; In Arizona 24 yrs. (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cococonino; (c) City or Town Sedona (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 Carl Fredrick Fuentes (b) If Veteran name war (c) Social Security No. Unknown

4. Sex male
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Vera Fuentes
6. (c) Age of husband or wife, if alive 32 yrs.
7. Birthdate of deceased Feb (Month) 19 (Day) 1907 (Year)
8. AGE: Years 38 Months 6 Days 17 If less than one day hrs. min.
9. Birthplace Alma (City, town or county) New Mexico (State or Country)
10. Usual Occupation Civil Engineer
11. Industry or Business General Land office
Father 12. Name Joe M. Fuentes Sr.
13. Birthplace Unknown (City, town or county) Texas (State or Country)
Mother 14. Maiden Name Minnie Walter
15. Birthplace Unknown (City, town or county) Texas (State or Country)
16. (a) Informant's own signature George Fuentes
(b) Address Sedona Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Sedona (c) Date Sept. 7, 1945
18. (a) Embalmer's Signature W. L. Compton
(b) Funeral Director " " " "
(c) Address Flagstaff Ariz
19. (a) 9-21-45 (Date received Local Registrar)
(b) Gertrude Schmidt (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9/6, 1945
TIME (Hour and minute) 5 30 a M M.
21. I hereby certify that I attended the deceased from 8-23-, 1945 to 9-6, 1945
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Ruptured gastric ulcer
Due to ~
Due to ~
Other conditions ~ (Include pregnancy within three months of death)
Major findings: Of operations Ruptured ulcer
Of autopsy ~

DURATION
15 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) ~
(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 Chas W Sechrist M. D.
Address Flagstaff Date signed Sept 18-45

40M—100% Rag—6-10-44