4893

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 115
Registrar's No.

1. Place of Death: (a) County Greenlee (b) City or Town Duncan (rural) (If outside city limits also write RURAL) (c) Location Route 1. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 10 years (Specify whether years, months or days); in Arizona 10 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Greenlee; (c) City or Town Duncan (rural) (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 Anna Maria Jillinghausen (b) If Veteran name war (c) Social Security No.

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Married

6. (b) Name of husband or wife: Joseph Frederick Jillinghausen

6. (c) Age of husband or wife, if alive 58 yrs.

7. Birthdate of deceased January 19, 1899 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	5	19	hrs. min.

9. Birthplace Colonia Dublan, Mexico. (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Own home

Father: 12. Name John A. Jacobson
13. Birthplace Bear River, Utah. (City, town or county) (State or Country)

Mother: 14. Maiden Name Bolette Larsen
15. Birthplace Fairview, Utah. (City, town or county) (State or Country)

16. (a) Informant's own signature La Fonda Lovett
(b) Address Duncan Arizona Box 731

17. (a) Burial, Cremation or Removal Burial
(b) Place Duncan Ariz. (c) Date July 17 19 46

18. (a) Embalmer's Signature
(b) Funeral Director Ernest Romney, Jr.
(c) Address Duncan, Arizona

19. (a) July 15-1946 (Date received local Registrar)
(b) Eugene Romney. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 15, 19 46;
TIME (Hour and minute) 8:15 A. M.

21. I hereby certify that I attended the deceased from Did not attend patient, 19 to, 19; that I last saw her alive on about July 1, 19 46; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — DURATION Sudden

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 R. E. Meighbor M. D.
Address Duncan Ariz. Date signed July 15-46

20M 100% Rag 8-42 B. Co.

County File No. Date Received