1422

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 202
Registrar's No. 1978

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 0; In Community 0 (Specify whether years, months or days); In Arizona 0
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 1644 East Palm Lane; (e) Citizen of foreign country (Yes or No) No
If Yes, which country ------
3. (a) FULL NAME Baby Girl Winters (b) If Veteran name war No (c) Social Security No. None

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced ------Child--
6. (b) Name of husband or wife XXXXX
6. (c) Age of husband or wife, if alive XX yrs.
7. Birthdate of deceased November 14, 1946 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. 0 min. 0
9. Birthplace Phoenix, Arizona (City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business Baby
Father 12. Name John A. Winters
13. Birthplace Dallas, Texas (City, town or county) (State or Country)
Mother 14. Maiden Name Lela Elizabeth Hollingshead
15. Birthplace Pioche, Nevada (City, town or county) (State or Country)
16. (a) Informant's own signature John A. Winters
(b) Address 1644 East Palm Lane
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 11-16- 1946
18. (a) Embalmer's Signature L M Mortensen
(b) Funeral Director Mortensen-Kingsley Mortuary
(c) Address 1020 West Washington
19. (a) NOV 21 1946 (Date received Local Registrar)
(b) Curt J Hughes MD MK (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 14, 1946;
TIME (Hour and minute) 11:45 A.M. M.
21. I hereby certify that I attended the deceased from Nov. 14, 1946 to Nov. 14, 1946
that I last saw h ~~alive on~~, 19
and that death occurred on the date and hour stated above.
Immediate cause of death Stillborn -
Due to Asphyxia neonatorum.
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy ?

DURATION
4 wks.

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 E A Carlson M. D.
Address 738 E. McDowell Date signed 11-18-46

40M—100% Rag—6-45