9620

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 389
Registrar's No. 710

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location 239 S Country Club (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ------ ; In Community 9 yrs (Specify whether years, months or days) ; In Arizona 9 yrs

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Pima ; (c) City or Town Tucson (If outside city limits also write RURAL)
(d) Street No. 239 S Country Club. ; (e) Citizen of foreign country (Yes or No) NO If Yes, which country
3. (a) FULL NAME Mrs Rosetta Kremer Killen. (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 Married.
6. (b) Name of husband or wife Wade D Killen
6. (c) Age of husband or wife, if alive 52 yrs.
7. Birthdate of deceased August 19 1909 (Month) (Day) (Year)
8. AGE: Years 37 Months 10 Days 28 If less than one day hrs. min.
9. Birthplace Ft Ethan Allen. Vt. (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name Major General Leon B Kremer.
13. Birthplace Michigan (City, town or county) (State or Country)
Mother 14. Maiden Name Jane Stotemberg.
15. Birthplace New Albany, Ind. (City, town or county) (State or Country)
16. (a) Informant's own signature Wade D Killen
(b) Address Tucson, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Chicago, Ill. (c) Date 7-22 1947
18. (a) Embalmer's Signature Don W Baxter 271A
(b) Funeral Director Parker Mortuary
(c) Address Tucson, Arizona
19. (a) 7-21-47 (Date received Local Registrar)
(b) Teresa F. Oakey Deputy (Registrar's Signature)

s 40M—100% Rag—6-45

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 17 1947. 19
TIME (Hour and minute) 9:52 AM. M.
21. I hereby certify that I attended the deceased from June 5, 1945, 19 to July 17, 1947, that I last saw her alive on July 17, 1947, 19 and that death occurred on the date and hour stated above.
Immediate cause of death Uremia
Due to Renal Tuberculosis in remaining Kidney
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations None
Of autopsy

DURATION
3 weeks
8 yrs.

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 Harold E. Kosanke M. D.
Address 110 S. Scott Date signed 7/18/47