2562

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 273
Registrar's No. 1662

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Monica's Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 17 hours; In Community 17 hours; In Arizona 17 hours (Specify whether years, months or days)
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. Rt. 6, Box 955A Phoenix, Arizona; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Bruce Eugene Hancock (b) If Veteran name war (c) Social Security No.

4. Sex male
5. Race White XX Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased Sept. 28 (Month) (Day) 1947 (Year)
8. AGE: Years | Months | Days | If less than one day hrs. 17 min.
9. Birthplace Phoenix (City, town or county) Arizona (State or Country)
10. Usual Occupation none
11. Industry or Business
Father 12. Name Bruce B. Hancock
13. Birthplace Wilcox Arizona (City, town or county) (State or Country)
Mother 14. Maiden Name Kathleen Yuresko
15. Birthplace Flint (City, town or county) Michigan (State or Country)
16. (a) Informant's own signature Bruce B. Hancock
(b) Address Rt. 4, Box 541, Phoenix, Arizona
17. (a) Burial, Cremation or Removal burial
(b) Place Greenwood (c) Date 10/1/47 19
18. (a) Embalmer's Signature Charles D. Myers
(b) Funeral Director MORTENSEN KINGSLEY MORTUARY
(c) Address 1020 W. Washington
19. (a) OCT 4 1947 (Date received Local Registrar)
(b) M. Kerr D. Hully (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 28, 1947, 19
TIME (Hour and minute) 6:15 P.M. M.
21. I hereby certify that I attended the deceased from 27 Sept 47, 19 to 28 Sept, 1947
that I last saw him alive on 28 Sept, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Respiratory Failure
Due to Immaturity
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
17 hrs.

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 C. F. Brown M. D.
Address 4 Oct 47 Date signed 4 Oct 47
150 11 7th St Phx Ariz

40M—100% Rag—6-45