902

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 314
Registrar's No. 1944

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1308 W. Mackenzie (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days (Specify whether years, months or days); In Arizona 2 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. Good Samaritan Hospital (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Marilyn Joyce Pace (b) If veteran name war (c) Social Security No.

4. Sex female
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 November (Month) 20 (Day) 1947 (Year)
8. AGE: Years | Months | Days 2 | If less than one day hrs. ..... min. .....
9. Birthplace Phoenix (City, town or county) Arizona (State or Country)
10. Usual Occupation infant
11. Industry or Business
Father: 12. Name Lemuel R. Pace
13. Birthplace Thatcher (City, town or county) Arizona (State or Country)
Mother: 14. Maiden Name Mary Joann Skousen
15. Birthplace Chandler (City, town or county) Arizona (State or Country)
16. (a) Informant's own signature Lemuel R. Pace
(b) Address 1308 W. Mackenzie Dr.
17. (a) Burial, Cremation or Removal burial
(b) Place Greenwood (c) Date 11/22/47 19
18. (a) Embalmer's Signature Charles D. Myers
(b) Funeral Director Mortensen Kingsley Mortuary
(c) Address 1020 W. Washington
19. (a) NOV 2[illegible] 1947 (Date received Local Registrar)
(b) M. Kerr Dykety (Registrar's Signature)

40M—100% Rag—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11/22/47, 19 ;
TIME (Hour and minute) 2:45 A.M. M.
21. I hereby certify that I attended the deceased from 11-21-47, 1947 to 11-22, 1947 that I last saw her alive on 11-22-47, 1947; and that death occurred on the date and hour stated above.
Immediate cause of death atelectasis left lung
Due to cause unknown
Due to
Other conditions Erythroblastosis (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION 2 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 John Kugler M. D.
Address Phoenix Ariz. Date signed 11-24-47