936

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. 344
Registrar's No. 1989

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan Hosp (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 Goodyear (If outside city limits also write RURAL)
(d) Street No. 409 Windsor Dr.; (e) Citizen of foreign country (Yes or No) No If Yes, which country
3. (a) FULL NAME "Unnamed" HESS (b) If veteran name war None (c) Social Security No. None
4. Sex Female
5. Race White ☒ 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 Nov. (Month) 26 (Day) 1947 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. ____ min. ____
9. Birthplace Phoenix (City, town or county) Arizona (State or Country)
10. Usual Occupation None
11. Industry or Business None
Father 12. Name Lain Hess
13. Birthplace Brook (City, town or county) Indiana (State or Country)
Mother 14. Maiden Name Lois Karr
15. Birthplace Donavan (City, town or county) Illinois (State or Country)
16. (a) Informant's own signature Bert Center(friend)
(b) Address 1310 W. McDowell Rd. Phx. Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Cm. (c) Date 11/27 1947
18. (a) Embalmer's Signature Not embalmed
(b) Funeral Director Grimshaw Mortuary
(c) Address 334 West Monroe Street
19. (a) DEC 1 1947 (Date received local Registrar)
(b) M. Kerr Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 26, 1947; TIME (Hour and minute) 6:52 A. M.
21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw h~~e~~ ~~alive~~ on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn — DURATION
Due to Premature Separation of placenta
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

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. Alan McCay M. D.
Address Chiff. Bldg. Date signed 11-28-47

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