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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.
Registrar's No. 2091

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 4 yrs.; In Arizona 4 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (rural) (If outside city limits also write RURAL)

(d) Street No. 2230 S. 22nd Ave.; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME George Lewis KNUTSON (b) If veteran name war None (c) Social Security No. 559-01-0172

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Ida May

6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased Jan. (Month) 31 (Day) 1898 (Year)

8. AGE: Years 49 Months 10 Days 6 If less than one day hrs. min.

9. Birthplace Fairbault (City, town or county) Minnesota (State or Country)

10. Usual Occupation Bookkeeper

11. Industry or Business Accounting

Father
12. Name L. B Knutson
13. Birthplace Norway (City, town or county) (State or Country)

Mother
14. Maiden Name Carrie Thompson
15. Birthplace Norway (City, town or county) (State or Country)

16. (a) Informant's own signature Ida May Knutson (widow)
(b) Address 2230 S. 22nd Ave. Phx; Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Cm. (c) Date 12/9 1947

18. (a) Embalmer's Signature J Ward Hufford
(b) Funeral Director Grimshaw Mortuary
(c) Address 334 West Monroe Street

19. (a) DEC 15 1947 (Date received Local Registrar)
(b) M. Kerr Shelly (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 7, 19 47;
TIME (Hour and minute) 12:30 A. M.

21. I hereby certify that I attended the deceased from 28 March, 1947 to 7 Dec., 1947; that I last saw him alive on 6 Dec., 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure, acute — DURATION 3 days
Due to Pulmonary emphysema — 20 years
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 H. W. Caldwell M. D.
Address 1103 East Culver Phoenix Arizona Date signed 10 Dec '47.

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