9670

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. 394
Registrar's No. 2264

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Rt. 10, Box 485 (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community Life (Specify whether years, months or days); In Arizona Life

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. McDowell Road & 40th St.; (e) Citizen of foreign country (Yes or No) ..... If Yes, which country .....

3. (a) FULL NAME NANCY BAKER (b) If veteran name war ..... (c) Social Security No. .....

4. Sex: female
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: child
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Nov. (Month) 23 (Day) 1946 (Year)

8. AGE: Years 1 | Months 1 | Days 7 | If less than one day hrs. ..... min. .....

9. Birthplace Florence (City, town or county) Arizona (State or Country)

10. Usual Occupation child

11. Industry or Business .....

Father
12. Name William L. Baker
13. Birthplace Paul Valley, Oklahoma (City, town or county) (State or Country)

Mother
14. Maiden Name Grace Roberta McKay
15. Birthplace Phoenix, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature W. L. Baker
(b) Address Rt. 10, Box 485

17. (a) Burial, Cremation or Removal burial
(b) Place Greenwood (c) Date 1/2/48 19..

18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortenson Kingsley Mortuary
(c) Address 1020 W. Washington

19. (a) JAN 16 1948 (Date received Local Registrar)
(b) M. Kerr Deputy (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12 - 30 - 1947;
TIME (Hour and minute) about 9:57 a M.

21. ~~I hereby certify that I attended the deceased from~~ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED at mortuary, 19.. to ~~that I last saw him alive~~ on 12 - 30 - ; 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Burns. body burned to a char — DURATION
Due to Burning building
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) See coroners report
(b) Date of occurrence 12 - 30 - 47
(c) Where did injury occur? Phoenix Mar Ariz (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury Burns

23. Signature O. C. WEST, M. D. M. D.
Address MEDICAL EXAMINER COUNTY ATTORNEY'S OFFICE MARICOPA COUNTY, ARIZONA Date signed 12-31-47