1277

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. 1140
Registrar's No. 471

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location 1637 W. TAYLOR (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution NONE; In Community 37 YEARS (Specify whether years, months or days); In Arizona 37 YEARS
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. 1637 W. TAYLOR; (e) Citizen of foreign country (Yes or No) NO If Yes, which country
3. (a) FULL NAME ARTHUR DENT WOODMANSEE (b) If veteran name war NONE (c) Social Security No.

4. Sex: M
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: MARRIED
6. (b) Name of husband or wife: ANNA LAURA WOODMANSEE
6. (c) Age of husband or wife, if alive ... yrs.
7. Birthdate of deceased JUNE 14, 1877 (Month) (Day) (Year)
8. AGE: Years 70 | Months 8 | Days 10 | If less than one day hrs. ... min.
9. Birthplace HIAWATHA, KANSAS (City, town or county) (State or Country)
10. Usual Occupation RETIRED
11. Industry or Business SANTA FE RAIL ROAD
Father: 12. Name UNKNOWN; 13. Birthplace UNKNOWN (City, town or county) (State or Country)
Mother: 14. Maiden Name ANNIE DENT; 15. Birthplace UNKNOWN (City, town or county) (State or Country)
16. (a) Informant's own signature ANNA LAURA WOOSMANSEE (WIFE)
(b) Address 1637 W. TAYLOR, PHOENIX, ARIZONA
17. (a) Burial, Cremation or Removal BURIAL
(b) Place WICKENBURG, ARIZONA (c) Date FEB. 26 19 48
18. (a) Embalmer's Signature Robert W Tracy 282
(b) Funeral Director A. L. MOORE & SONS
(c) Address 333 W. ADAMS, PHOENIX, ARIZONA
19. (a) FEB 26 1948 (Date received Local Registrar)
(b) Mrs Cait D. Hughes (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) FEB. 24, 1948 19...; TIME (Hour and minute) 9:00 AM M.
21. I hereby certify that I attended the deceased from June 24 Feb 1, 1948 to Feb 24, 1948 that I last saw him alive on Feb 20, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion
Due to
Due to
Other conditions Arteriosclerosis (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION

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 Lyons A. Greer M. D.
Address City Hospital Date signed 2-24-48

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