ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 3161

Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Cochise (b) City or Town Willcox (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) Valley Hosp.

(d) Length of Stay: In Hospital or Institution Few Hours (Specify whether years, months or days); In Community Few Hours; In Arizona All Life

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

(d) Street No. 2007 A. Ave; (e) Citizen of foreign country (Yes or No) ; If Yes, which country ; (f) Social Security No. 526-12-7553

3. (a) FULL NAME Lamar John Underwood (b) If Veteran name war. WWII

4. Sex: Male

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

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

6. (b) Name of husband or wife: Edwin Underwood

6. (c) Age of husband or wife, if alive 31 yrs.

7. Birthdate of deceased April, 2nd, 1917 (Month) (Day) (Year)

8. AGE: Years 31 Months 1 Days 15 If less than one day hrs. min.

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

10. Usual Occupation Truck Driver

11. Industry or Business

Father: 12. Name John Underwood; 13. Birthplace San Antonio Texas (City, town or county) (State or Country)

Mother: 14. Maiden Name Abbie E. Ranier; 15. Birthplace Safford Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Edwin Underwood
(b) Address Willcox Ariz

17. (a) Burial, Cremation or Removal Removal
(b) Place Near San Simon (c) Date June 16, 1948

18. (a) Embalmer's Signature Chas Arlill
(b) Funeral Director Reilly-Rotman Mortuary
(c) Address Tucson Arizona

19. (a) 6-16-48 (Date received Local Registrar)
(b) John B. Wilson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 15th, 1948; TIME (Hour and minute) 2:30 P. M.

21. I hereby certify that I attended the deceased from Same day, 19 to , 19 ; that I last saw him alive on June 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Fully developed age

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION: 12 hrs

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) Accident
(b) Date of occurrence June 15-48
(c) Where did injury occur? Near Mile Post Fifteen (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Hwy (Specify type of place) 86
While at work? No (e) Means of injury Collision

23. Signature [illegible] M. D.
Address Willcox Ariz Date signed 6-17-48

40M—100% Rag—6-45