2329

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. 4697
Registrar's No. 881 E.

1. Place of Death: (a) County Yavapai (b) City or Town Whipple, Arizona (If outside city limits also write RURAL) (c) Location Veterans Administration (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 days; In Community 1 year (Specify whether years, months or days); In Arizona 30 years, 4 mos.

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

(d) Street No. 104 South Willow Street; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Maurice R. Penrod (b) If veteran name war WWII (c) Social Security No. 527-14-1514

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: Bessie

6. (c) Age of husband or wife, if alive 23 yrs.

7. Birthdate of deceased April (Month) 9 (Day) 1918 (Year)

8. AGE: Years 30 Months 4 Days 18 If less than one day hrs. min.

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

10. Usual Occupation Meat Cutter

11. Industry or Business Meat Cutter

Father
12. Name Coleman R. Penrod
13. Birthplace Unknown (City, town or county) Arizona (State or Country)

Mother
14. Maiden Name Edda Colvin
15. Birthplace Unknown (City, town or county) Arizona (State or Country)

16. (a) Informant's own signature VA Records
(b) Address Whipple, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Holbrook, Arizona (c) Date Aug. 30, 1948

18. (a) Embalmer's Signature [signature]
(b) Funeral Director Hunter Mortuary
(c) Address Prescott, Arizona

19. (a) Aug 30, 1948 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 27, 1948;
TIME (Hour and minute) 9:43 A.M. M.

21. I hereby certify that I attended the deceased from August 23, 1948 to August 27, 1948, that I last saw him alive on August 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Poisoning, Cocaine

Due to Hyper-Sensitivity of

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
56 minutes

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 Edwin B. Banister M. D.
Address EDWIN B. BANISTER Whipple, Arizona Date signed Aug. 30, 1948

40M—100% Rag—1-47