2221

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. 7012
Registrar's No. 188.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location S.P. RR Bridge (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community few hours; In Arizona few hours (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State California; (b) County Imperial; (c) City or Town Fort Yuma (If outside city limits also write RURAL) (RL)
(d) Street No. Indian Reservation; (e) Citizen of foreign country (Yes or No) no If Yes, which country
3. (a) FULL NAME GLENN W. CARR (b) If veteran name war no (c) Social Security No. unk

4. Sex: Male
5. Race: White ☐ Indian ☒ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Rosita M. Carr
6. (c) Age of husband or wife, if alive: 59 yrs.
7. Birthdate of deceased: June (Month) 21 (Day) 1900 (Year)
8. AGE: Years 48 Months 5 Days 28 If less than one day hrs. min.
9. Birthplace: Ft. Yuma (City, town or county) California (State or Country)
10. Usual Occupation: Farmer
11. Industry or Business: farming
Father 12. Name: Thomas Carr
Father 13. Birthplace: Ft. Yuma, (City, town or county) California (State or Country)
Mother 14. Maiden Name: Hauchats - unk -
Mother 15. Birthplace: Ft. Yuma (City, town or county) California (State or Country)
16. (a) Informant's own signature: Ft Yuma Indian Records
(b) Address: Ft Yuma, California
17. (a) Burial, Cremation or Removal: Removal
(b) Place: Ft Yuma, Calif (c) Date: 12-19, 19 48
18. (a) Embalmer's Signature: R.E. Johnson
(b) Funeral Director: The Johnson Mortuary
(c) Address: Box 310, Yuma, Arizona
19. (a) 12-20-48. (Date received by Local Registrar)
(b) Mary A. Wuppermann (Registrar's Signature)
Leola L. Wuppermann Deputy (R) S.P.RR. - right of way property

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 18, 19 48
TIME (Hour and minute) 7:18 P.M.
21. I hereby certify that I attended the deceased from never seen alive, 19; that I last saw alive on, 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Skull Fracture
Due to: run over by train
Due to:
Other conditions: Traumatic amputation both feet (Include pregnancy within three months of death)
Major findings: Of operations:
Of autopsy: none

DURATION: inst

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: 12-18-48
(c) Where did injury occur? Yuma (City or Town) Yuma (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? RR Bridge accross Colorado River (Private) (Specify type of place)
While at work? no (e) Means of injury: run over by train
23. Signature: L.N. Lutes, Coroner M.D.
Address: Yuma Ariz. Date signed 12-20-48

10 15M—100% Mfg—3-48