

CERTIFICATE OF DEATH

2721
5-7-51
OF DEATH
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BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE IN THIS PLACE; IN ARIZONA OR RURAL) Wickenburg		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Wickenburg	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Community Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 278 N 4th St.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Frank B. (MIDDLE) L C. (LAST) Cramer		4. SEX male	5. COLOR OR RACE white
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH June DAY 6 YEAR 1889	8. AGE YEARS 61 MONTHS 7 DAYS 21	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). miner
9B. KIND OF BUSINESS OR INDUSTRY mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no
13. SOCIAL SECURITY NO. 536-10-5052	14A. FATHER'S NAME Henry Cramer	14B. BIRTHPLACE (STATE OR COUNTRY) Germany	15A. MOTHER'S MAIDEN NAME Ella Culbert
15B. BIRTHPLACE (STATE OR COUNTRY) unknown	16. INFORMANT'S SIGNATURE Mary Coleman, Box 333	17. DATE OF DEATH (MONTH) Jan (DAY) 27 (YEAR) 1951	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Tuberculosis (?) ANTECEDENT CAUSES (b) Right pleural filling (contd) one month MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) S. Livers DUE TO (c) Possible Backs sarcoid II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-6-50 19 50 TO Jan 27 19 51 THAT I LAST SAW THE DECEASED ALIVE ON 1-26-51 19 51 AND THAT DEATH OCCURRED 2:00A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE J. A. Shuman (DEGREE OR TITLE)		23B. ADDRESS Wickenburg Ariz.	23C. DATE SIGNED 1-29-51
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 1-29-51	24C. NAME OF CEMETERY OR CREMATORY Wickenburg	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona
25A. DATE REC'D BY LOCAL REG. 1-29-51	25B. REGISTRAR'S SIGNATURE Manni Coffinger	26. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger, Wickenburg Arizona	27. EMBALMER'S SIGNATURE H. L. Coffinger CERT. NO. 188-A