

2675

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

352

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 3

1. Place of Death: (a) County Mohave (b) City or Town Kingman (c) Location AT HOME  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 6 years; In Arizona 6 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Kingman  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Grace N. White (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced M

6. (b) Name of husband or wife G. White 6. (c) Age of husband or wife, if alive 62 yrs.

7. Birthdate of deceased Dec. 14, 1912  
(Month) (Day) (Year)

8. AGE: Years 37 Months - Days 27 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Winfure, Tenn. (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

Father { 12. Name Henry Nicholson  
13. Birthplace Chester Co., Penn.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mura P. Supton  
15. Birthplace Chester Co., Penn.  
(City, town or county) (State or Country)

16. (a) Informant's own signature M. White  
(b) Address Kingman, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Kingman, Ariz (c) Date 1/8/1945

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director Van Zanter Mortuary  
(c) Address Kingman, Arizona

19. (a) \_\_\_\_\_ (Date received Local Registrar) 1-8-45  
(b) Mae Emery (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 5, 1945 TIME (Hour and minute) 4:00 P. M.

21. I hereby certify that I attended the deceased from Dec. 10, 1944 to January 5, 1945 that I last saw her alive on Jan 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Epithelium of large Bowel

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Same as above

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 [Signature] M. D. Address Kingman, Ariz Date signed Jan. 8, 1945