

2407

2158

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. _____
Registrar's No. 942

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution less than a day; In Community 2 yrs.; In Arizona 23 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 2206 E. Yale (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Mrs. Clara Mendenhall (b) If veteran name war _____ (c) Social Security No. _____

4. Sex female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband Wilfred Thomas 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased April 15, 1899
(Month) (Day) (Year)
8. AGE: Years 46 Months 11 Days _____ hrs. _____ min. If less than one day
9. Birthplace Charleston, Utah
(City, town or county) (State or Country)
10. Usual Occupation housewife
11. Industry or Business _____
Father { 12. Name George Henry Bagley
13. Birthplace _____ (City, town or county) (State or Country)
Mother { 14. Maiden Name Eliza Edwards
15. Birthplace _____ (City, town or county) (State or Country)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 4/13/48, 19____; TIME (Hour and minute) (9:30 P.M.) M.
21. I hereby certify that I attended the deceased from 3 April, 1948 to 13 April, 1948; that I last saw her alive on 13 April, 1948; and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Due to arteriosclerosis -
Due to Diabetes Mellitus
Other conditions (include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy same

DURATION 12 hrs.
8 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Wilfred T. Mendenhall
(b) Address 2206 E. Yale
17. (a) Burial, Cremation or Removal burial
(b) Place Memory Lawn (c) Date 4/17/48
18. (a) Embalmer's Signature Charles D. Myers
(b) Funeral Director Mortensen Kingsley Mortuary
(c) Address 1020 W. Washington

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 _____

19. (a) APR 15 1948
(b) Mr. Kern DeWalt
(Registrar's Signature)

23. Signature Levi Bolin N.D.
Address 926 E. Mc Dowell Date signed 14 April 1948
Phoenix Ariz