

CERTIFICATE OF DEATH

BIRTH NO.

8 08 OF DEATH AND 23 RESIDENCE 2025	1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
	A. COUNTY <u>MOHAVE</u>		IN THIS TOWN <u>17 YRS.</u> IN ARIZONA <u>53 YRS.</u>		A. STATE <u>ARIZONA</u> B. COUNTY <u>MOHAVE</u>	
	C. CITY OR TOWN <u>KINGMAN</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>KINGMAN</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>MOHAVE GENERAL HOSPITAL</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

1 1 EDENT SONAL ATA 153 4 354	3. NAME OF DECEASED (TYPE OR PRINT)			A. (FIRST) <u>GEORGE</u>		B. (MIDDLE) <u>FARLEY</u>		C. (LAST) <u>GRANTHAM</u>		4. SEX <u>MALE</u>		5. COLOR OR RACE <u>WHITE</u>		
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u>		7. DATE OF BIRTH			8. AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 1 YEAR		IF UNDER 24 HRS.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>MER. READY-TO-WEAR DEPT.</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>RETAIL STORE</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>KANSAS</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>YES</u>		IF YES, WAR OR DATES OF SERVICE <u>WORLD WAR I</u>		13. SOCIAL SECURITY NO. <u>526-01-7877</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>KANSAS</u>	
	14A. FATHER'S NAME <u>B.F. GRANTHAM</u>				14B. BIRTHPLACE (STATE OR COUNTRY) <u>KANSAS</u>		15A. MOTHER'S MAIDEN NAME <u>ANNA WAGONER</u>				15B. BIRTHPLACE (STATE OR COUNTRY) <u>KANSAS</u>			
16. INFORMANT'S SIGNATURE <u>George A. Grantham</u>						ADDRESS						17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>MARCH 16 1954</u>		

CAUSE OF DEATH (M 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>231X</u>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>6 d.</u>	
	*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>cerebral hemorrhage</u>							
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS							

OPERATIONS TOPSY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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		21F. HOW DID INJURY OCCUR?					

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Mar. 16, 1954</u> TO <u>Mar 16, 1954</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Mar 16, 1954</u> , AND THAT DEATH OCCURRED AT <u>11:45 P</u> M, FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	23A. SIGNATURE <u>Emilia C. Lemons M.D.</u>				23B. ADDRESS <u>Kingman</u>				23C. DATE SIGNED <u>3/19/54</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>3-19-54</u>		24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Kingman Ariz</u>	

GENERAL DIRECTOR AND REGISTRAR 153	25A. DATE REC'D BY LOCAL REG. <u>3/19/54</u>		25B. REGISTRAR'S SIGNATURE <u>Hazel M. Miller</u>				26. FUNERAL DIRECTOR'S SIGNATURE <u>Rayburn Hester</u>		ADDRESS <u>MOHAVE</u>	
							27. EMBALMER'S SIGNATURE <u>Rayburn Hester</u>		CERT. NO. <u>139</u>	