

13439

CERTIFICATE OF DEATH

069678-62

PRIMARY DIST. NO.

1. DEATH OCCURRED IN: a. County PHILA b. City or borough PHILA

c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)

d. Full Name of Hospital or Institution (If not in hospital, give street address) Jeanes Hospital

2. DECEASED'S MAILING ADDRESS a. Street address, R. D., or Box Number 1438 VISTA ST.

b. Post Office, Zone, and State PHILA (11) PA.

3. VETERAN Yes  NO

a. Which War ..... b. Serial No. ....

4. NAME OF DECEASED (Type or print) a. (First) Walter b. (Middle) ..... c. (Last) Hainsworth

5. DATE OF DEATH (Month) (Day) (Year) 7 6 1962

6. WHERE DID DECEASED ACTUALLY LIVE? a. State PA. b. County PHILA c. Did deceased live in a township?  Yes, deceased lived in ..... township.  No, deceased lived within actual limits of PHILA city or borough.

7. SEX M 8. COLOR OR RACE W 9. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  10. DATE OF BIRTH 4-3-1897 11. AGE (In years last birthday) 65 If under 1 year Months Days If under 24 hours Hours Min.

12. USUAL OCCUPATION (even if retired) WINDOW SHADE MFG. 13. SOCIAL SECURITY NO. 167-28-9684A 14. BIRTHPLACE (State or foreign country) PHILA PA. 15. CITIZEN OF WHAT COUNTRY? U.S.A.

16. FULL NAME OF SPOUSE MARY JANE HAINSWORTH 17. MOTHER'S MAIDEN NAME NOT ASCERTAINABLE

18. FATHER'S NAME JOHN EDWARD HAINSWORTH 19. INFORMANT'S NAME AND ADDRESS Mary Jane Hainsworth - 1438 Vista St

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

PART I. Death was caused by:

IMMEDIATE CAUSE (a) Pulmonary embolism

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation & thrombosis

DUE TO (c) Mitral insufficiency

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a) 21. WAS AUTOPSY PERFORMED? Yes  No

22. a. ACCIDENT Yes  No  22. b. DESCRIBE HOW ACCIDENT OCCURRED

22. c. TIME OF ACCIDENT Hour Month Day Year

22. d. ACCIDENT OCCURRED While at work  Not while at work  22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.) 22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 9:00 AM (M., D., E.S.T.)

a. Signature George Sellman/Howard Meyer or D. O. b. Address Jeanes Hosp c. Date signed 7/6/62

24. a. BURIAL CREMATION REMOVAL    24. b. DATE 7-10-62 24. c. NAME OF CEMETERY OR CREMATORY LAUNVIEW Cem 24. d. LOCATION (City, Boro., Twp., & County) (State) Rockledge Mont. Co Pa

25. DATE REC'D BY REG. 7-6-62 26. REGISTRAR'S SIGNATURE Joseph G. Farrell 27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR J.W. Deans Day - 7900 Oxford Ave Phila Pa