

2469

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 128

Registrar's No. 134

1. Place of Death: (a) County MARICOPA (b) City or Town MESA (c) Location SOUTHSIDE HOSP.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days; In Arizona 29 yrs  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZONA; (b) County MARICOPA (c) City or Town TEMPE  
(If outside city limits also write RURAL)

(d) Street No. 114 W. 8th ST. (e) Office of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (f) Social Security No. None

3. (a) FULL NAME REBECCA M. SCUDDER (b) If Veteran name war \_\_\_\_\_

4. Sex FEMALE 5. Race  White  Indian  Negro   Oriental

6. (a) Single, married, widowed or divorced WIDOWED (b) Name of husband B. F. SCUDDER (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased MAY 17, 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 15 If less than one day hrs. min.

9. Birthplace CENTER, INDIANA  
(City, town or county) (State or Country)

10. Usual Occupation HOUSEWIFE

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

Father { 12. Name JAMES MUGG  
13. Birthplace KENTUCKY  
(City, town or county) (State or Country)

Mother { 14. Maiden Name CATHERINE INGELS  
15. Birthplace BENTONVILLE, IND.  
(City, town or county) (State or Country)

16. (a) Informant's own signature LUCILLE SCUDDER  
(b) Address TEMPE, ARIZ.

17. (a) Burial, Cremation or Removal BURIAL  
(b) Place TEMPE, ARIZ. (c) Date AUG. 5, 1946

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director CARR MORTUARY  
(c) Address TEMPE, ARIZONA

19. (a) Aug. 11, 1946  
(Date received Local Registrar)

(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) AUG. 2, 1946  
TIME (Hour and minute) 8:00 A.M.

21. I hereby certify that I attended the deceased from July 29th, 1946 to Aug 2nd, 1946  
that I last saw her alive on August 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage  
Due to Hypertensive Heart disease  
Due to Arteriosclerosis

Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Tempe Date signed 8/5/46

DURATION 4 days  
20 years

PHYSICIAN  
Underline the cause to which death should be charged statistically