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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 36

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County YUMA (b) City or Town WENDEN (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) _____; In Arizona 50 YEARS
(d) Length of Stay: In Hospital or Institution _____; In Community _____ (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZ.; (b) County YUMA; (c) City or Town WENDEN (If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____

3. (a) FULL NAME JOHN WILLIAM HUDGENS (b) If Veteran name war NONE (c) Social Security No. NONE

4. Sex: M
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: MARRIED
6. (b) Name of husband or wife LILYN HUDGENS
6. (c) Age of husband or wife, if alive 77 yrs.
7. Birthdate of deceased JUNE (Month) 16 (Day) 1880 (Year)
8. AGE: Years 66 Months 11 Days 28 If less than one day hrs. _____ min. _____
9. Birthplace WHITE OAKS, NEW MEXICO (City, town or county) (State or Country)
10. Usual Occupation MINER
11. Industry or Business /
Father 12. Name JOHN NEWTON HUDGENS
Father 13. Birthplace NOT KNOWN (City, town or county) (State or Country)
Mother 14. Maiden Name MARGERT LNDY HUDGENS
Mother 15. Birthplace NOT KNOWN (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Lilyn Hudgens
(b) Address Wenden Arizona
17. (a) Burial, Cremation or Removal REMOVAL
(b) Place WICKENBURG (c) Date 6-14 1946
18. (a) Embalmer's Signature Coffinger
(b) Funeral Director Coffinger
(c) Address WICKENBURG ARIZ
19. (a) June 15-46 (Date received Local Registrar)
(b) John A Pearce (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) JUNE 14, 1946;
TIME (Hour and minute) 12-30 AM.
21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____ to _____, 19____; _____, 19____;
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death HEART TROUBLE
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations _____
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 John A Pearce Crucifixion Corner M. D.
Address Salome Date signed June 15-46

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