DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39220

Do not use this space.

903

1. PLACE OF DEATH

(a) County GREEN — Registration District No. 316

(b) Township — Primary Registration District No. 2001 — Registered No.

(c) City SPRINGFIELD — (d) Street No. Springfield Baptist Hosp. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

615

2. PRINT FULL NAME Thomas Scrivener

(a) Residence, No. 225 W. Central St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Scrivener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3-1858

7. AGE ✓ YEARS 80 MONTHS 8 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R. Est Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Mo. 0

FATHER

13. NAME George Scrivener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Telitha Dugger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

17. INFORMANT (ADDRESS) Mary Scrivener Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Dec 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner & Co Springfield Mo.

20. FILED Nov 30 1938 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1938, to November 29, 1938. I last saw him alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Sudden
Myocardial degeneration	21
Other contributory causes of importance:	
Volvulus of Sigmoid	11/3/38

Name of operation Laparotomy Date of 11/5/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert Glynn, M. D.

(Address) Springfield

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, R. A. Lavin #1763 Warren D. Noblett #4005 or by Wm. Max Rhodes,

Registered Apprentice No. 117, working under my personal supervision.

Signed J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.