

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.

RECU JUL 1 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23026
Do not use this space.

1. PLACE OF DEATH

(a) County Ralls Registration District No. 990
 (b) Township Saline Primary Registration District No. 4700
 (c) City _____ or _____ (d) Street No. _____ 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.

2. PRINT FULL NAME

Wanda Jane Scobee
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ ✓ 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Ralls Co. (STATE OR COUNTRY) Mo.

13. NAME Adolphus O. Scobee
 14. BIRTHPLACE (CITY OR TOWN) Monroe Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Irene Horton
 16. BIRTHPLACE (CITY OR TOWN) Atlas (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Adolphus O. Scobee
Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sommerhill Ill DATE June 18, 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son (ADDRESS) Monroe City Mo

20. FILED June 19, 1939 J. B. Flann Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 17, 1939

22. I HEREBY CERTIFY That I attended deceased from JUNE 15, 1939 to JUNE 17, 1939
 I last saw him alive on JUNE 17, 1939 Death is said

to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Congenital Heart Disease
 Date of onset 6-15-1939

Other contributory causes of importance: 157C

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) John N. Hitts M. D.
Monroe City Mo

RECEIVED

District Health Officer No. 10

District File Number 7-39-1173

Date Filed JUL 9 1939

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.