

No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2340

Registration District No. 316 Primary Registration District No. 4191

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Ash Grove Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Loma
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 189 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARK Scritchfield

3. (b) If veteran, name war none 8. (c) Social Security No. 500-013610

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Wilson 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased August 22 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Illinois Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business WPA

12. Name Isaac Scritchfield

13. Birthplace Ill. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Illinois Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Isaac Scritchfield

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof Jan 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kelley Cemetery

18. (a) Signature of funeral director Born Funeral Service

(b) Address Ash Grove Missouri

19. (a) Jan - 27 - 40 (b) W. C. C. O. (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Ash Grove Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan
1940, to Jan 26, 1940;
that I last saw him alive on Jan 26, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac + Respiratory Failure
Duration _____

Due to Influenzal Pneumonia 10 Days

Due to _____

Other conditions 11 in
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Charles H. McFadden (M. D.)
Address Ash Grove Mo Date signed 1-30-1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 6 1940

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 Genea B. Binn

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, W.

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.