

SEP 19 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 19 1940  
272

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28417

Registration District No. 272

Primary Registration District No. 5380

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Mansfield Rural Finley  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Etta Scribner h15

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David L. Scribner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 27 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Bowman ?

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

14. Maiden name Margaret Mills

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant G. L. Scribner

(b) Address Mansfield, Mo Route 2

17. (a) Burial (b) Date thereof 8-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 9-21 1940 (b) Edna King White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Mansfield Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 2nd  
1940 to Aug 21, 1940  
that I last saw her alive on Aug 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Mitral stenosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 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? \_\_\_\_\_

976  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. E. Hunt (M. D. or other) \_\_\_\_\_

Address Ava, Mo Date signed 8-23-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

Dr. J. L. Bentley

RECEIVED

District Health Officer No. 6,

District File Number 940-2519

Date Filed SEP 01 1947

---

---

**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.**