

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **200**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Barthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1033 Walnut**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Barthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1033 Walnut**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **1st**  
year **1940** hour **12:00** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **November 1st** 19**40**, to **November 1st** 19**40**  
that I last saw him alive on **November 1st** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **6 hrs.**

Due to **Arteriosclerosis** ?

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? \_\_\_\_\_

**865**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Russell S Harris** (M. D. or other) \_\_\_\_\_

Address **Barthage, Mo.** Date signed **11/2/40**

8. (a) PRINT FULL NAME **WM. THOS. SCANTLIN**

8. (b) If veteran **SS 500-05-7319** name war **No**  
8. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Virginia Scantlin**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 18 - 1872**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Jasper County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Employee**

11. Industry or business **Hercules Powder Co.**

12. Name **James Scantlin**

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

14. Maiden name **Eveline Sparks**

15. Birthplace **Barthage Mo. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. T. Scantlin, Jr.**

(b) Address **Barthage, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 4 - 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jean Cemetery**

18. (a) Signature of funeral director **Russell Mastardy**

(b) Address **Barthage, Mo.**

19. (a) **Nov. 2, 1940** (b) **E. G. McIntire, M.D.**  
(Date received local registrar) (Registrar's signature)

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

FILED DEC 11 1940

7  
51

40-12-647

**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 John D. Batchelder  
Licensed Embalmer No. 4153  
P. O. Address Carthage, 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.**