

S. No. 2
4-13-40
7-5-13-30

AN 10 1941

Registration District No. 318

Primary Registration District No. 2001

39
3
6

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution?
2600 Lincoln
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 mos. years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME JAMES DAVID SCRIVENER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None

7. Birth date of deceased June 21 1940
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|----------|----------|----------|----------------------|
| | <u>1</u> | <u>0</u> | <u>5</u> | <u>17</u> |
| | | | | hr. _____ min. |

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Cleo Scrivener

13. Birthplace Dallas Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Louise House

15. Birthplace Sebanon Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cleo Scrivener

(b) Address 2600 Lincoln Sp. Mo.

17. (a) Burial (b) Date thereof Dec 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Therese A. C. L.

(b) Address Springfield, Mo.

19. (a) 12-10-40 (b) Dr. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2600 Lincoln
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1940 hour 10:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 8 to Dec 8 1940
that I last saw him alive on Dec 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia following influenza

Due to _____

Due to Influenza

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(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? no

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature J. F. Freeman (M. D. or other _____)

Address Springfield Date signed 12/10/40

Duration 5 hr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Signed.....*R. H. Hines*.....
Licensed Embalmer No.....*3681*.....
P. O. Address.....*Sps 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, fact should be so stated above.

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