

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3849

50 FEB 25 1941  
Registration District No. 678

Primary Registration District No. 5904

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Mo  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Rural St James  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) D

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

3. (a) PRINT FULL NAME Amanda a Scantlin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15 year 1941 hour 11:20 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 10 1941, to Jan 15 1941, that I last saw her alive on Jan 10 1941, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Scantlin

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: 3 (Month) 31 (Day) 1878 (Year)

Immediate cause of death Myocardial infarction

Due to MI

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 62 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

12. Name Thos Smith

13. Birthplace Baronade co (City, town, or county) Mo (State or foreign country)

14. Maiden name Margaret Cahill

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

16. (a) Informant John Scantlin

(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bowen Cem

18. (a) Signature of funeral director W E Kessler

(b) Address St James Mo

19. (a) 1-12-41 (Date received local registry) (b) Elmer B. Houck (Registrar's signature)

Major findings: No operation

Of operations \_\_\_\_\_

Of autopsy None

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, \_\_\_\_\_, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature W B Underwood (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration 4K

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 241230

Date Filed \_\_\_\_\_

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**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, fact should be so stated above.**