

Registration District No. **27**

Primary Registration District No. **4253**

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

**1. PLACE OF DEATH:**  
(a) County **Johnson**  
(b) City or town **Holden**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Residence**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Residence**  
(Specify whether years, months or days)  
In this community **64 Years**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo.** (b) County **Johnson 51**  
(c) City or town **Holden**  
(If outside city or town limits write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

**3. (a) PRINT FULL NAME** **Green Burry Scrutchfield**

**8. (b) If veteran, name war** **No.** **3. (c) Social Security No.** **None**

**4. Sex** **M.** **5. Color or race** **W.** **6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Caltha Scrutchfield** **6. (c) Age of husband or wife if alive** **59 years**

**7. Birth date of deceased** **Aug. 20 1872**  
(Month) (Day) (Year)

**8. AGE:** Years **68** Months **5** Days **14** If less than one day **hr. min.**

**9. Birthplace** **Macon Co. Mo. 0**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Laborer**

**11. Industry or business** **Laborer**

**12. Name** **G.B. Scrutchfield**

**13. Birthplace** **Mo. 0**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **America Marney**

**15. Birthplace** **Mo. 0**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Caltha Scrutchfield**

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

**17. (a) Burial** **(b) Date thereof Feb. 5 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

**18. (a) Signature of funeral director** **J. H. Murray**

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

**19. (a) 2/6/41** **(b) Mrs. B. B. Redford**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb** day **3** year **1941** hour **3** minute **30 P** M.

**21. I hereby certify that I attended the deceased from** **January 5**, 19**39**, to **Feb 3**, 19**41**;  
that I last saw him alive on **Feb 3**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage** **4 hours**

Due to: **Hypertension** **3 W**

Due to: **Arteriosclerosis**

Other conditions: **?**

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?**

**23. Signature** **Kelly Rawlinis** (M. D. or other) **D**

**Address** **Holden Mo** **Date signed** **2/5/41**

**Duration**  
**4 hours**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-10-41

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 Me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden, 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.