

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35266

FILLED NOV 13 1941

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 144

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

49
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1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage Rural - E. Jackson
(c) Name of hospital or institution: County Alms House
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community 50 years 5 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mollie Scruggs

3. (b) If veteran, name war none
3. (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
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 1, 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Jerry Freeman

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

14. Maiden name Mary Foreman

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

16. (a) Informant Mrs. Neta Stogsdill

(b) Address 1216 Iowa, Joplin, Mo.

17. (a) Removal (b) Date thereof 10-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena, Kansas

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) Oct 4 1941 (b) E. J. McIntire, M.D.
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 Iowa
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1941 hour 2:30 minute 8 M.

21. I hereby certify that I attended the deceased from Sept 1, 1941
19 to Sept 23rd 1941
that I last saw her alive on Sept 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Atherosclerotic heart
Disease with decompensation
Due to Generalized Atherosclerosis
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?

While at work (Specify type of place) (c) Means of injury

23. Signature W. J. McNew (M. D. or other)
Address 204 Grant, Coalinga, Ca. Date signed 10/3/41

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0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-11-899

1906

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.