No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5617

State File No.

FILED MAR 9 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 523

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community Lifetime in Urich
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Urich 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Mr. Nealy Scranton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma Scranton

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December (Month) 23 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	17	hr. min.

9. Birthplace Nebo (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name David Clark Scranton
13. Birthplace (City, town, or county) / Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah A. Cannon
15. Birthplace (City, town, or county) / Alabama (State or foreign country)

16. (a) Informant Mrs Allie Wick

(b) Address Urich, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Urich, Missouri

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/9/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1942 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from February 1, 1942, to February 9, 1942
that I last saw h. ~~[illegible]~~ alive on February 8, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial infarction	14 days
Due to: Coronary artery disease	1 month
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: myocardial infarction	

94.01

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Graham Asher (M. D. or other) M. D.

Address 1220 Prof. Bldg. Date signed 2-9-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Graham Ascher
Prof. Bldg.
1-5

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.