

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View, Mo
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) Two Years

3. (a) PRINT FULLNAME Ridgal R. Scribner

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Lillie Scribner 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 22 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Cottonwood Falls Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Scribner

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

14. Maiden name Not Known

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

16. (a) Informant Harry J Scribner

(b) Address Lyons Kans.

17. (a) Removal (b) Date thereof Oct 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lyons Kans.

18. (a) Signature of funeral director John F. Hummer

(b) Address Mountain View, Mo

19. (a) Oct 20, 1942 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell
(c) City or town Mountain View, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(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 12th
year 1942 hour 10:18 minute _____ M.

21. I hereby certify that I attended the deceased from died suddenly, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Over exertion
And Heat Apoplexy
or Heart Attack
Due to Walking up hill

Due to _____
Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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 Oct 12-1942
(c) Where did injury occur? in County
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On a Farm

While at work? yes (Specify type of place) (e) Means of injury _____

23. Signature John F. Hummer (M. D. Emballer)
Address _____ Date signed Oct 13 1942

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

46
0
0

MOTHER FATHER

1105

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.....

John J. Reenan

Licensed Embalmer No. *2516*

P. O. Address *17th Street No*

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.