

Registration District No. 138

Primary Registration District No. 5529

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Nickery

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nickery

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Columbus W. Scarborough

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1942 hour 10 minute 45 M. P.

4. Sex MO 5. Color or race whi

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 Nov 10 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1942, to Nov-16- 1942
that I last saw him alive on Nov-12- 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months - Days 6 If less than one day hr. min.

Immediate cause of death Arterial Sclerosis

Duration Several years

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

10. Usual occupation Farmer

Due to

Due to

11. Industry or business

12. Name Jonathan Scarborough

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

14. Maiden name Katherine Bartsch

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

Other conditions Chronic Colitis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

16. (a) Informant Mrs. John Galt

(b) Address Wheatland Mo

17. (a) Burial (b) Date thereof 11/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director JR Luckey

(b) Address Wheatland Mo

19. (a) Nov 22-42 (b) Mary F. Carlstrom
(Date received local registrar) (Registrar's signature)

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?

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

23. Signature A. S. Johnston M. 18 (M. D. or other) Address Wheatland Mo Date signed 11-18-1942

RECEIVED

District Health Officer No. 7,

District File Number

12-42-1260

Date Filed

12-4-42

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

J. P. Lucky

Licensed Embalmer No.

2982

P. O. Address

Whitland, MD

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.