V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37514

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 194

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(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 ..... (Specify whether years, months or days)
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Livingston 1
(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Scruby
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, divorced Widowed
6. (b) Name of husband or wife Husband Zua Scruby
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 1 — 6 — 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	22	..... hr. ..... min.

9. Birthplace Owatonna Minn. 1 (City, town, or county) (State or foreign country)
10. Usual occupation merchant
11. Industry or business .....
FATHER
12. Name William Scruby
13. Birthplace England 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Isle of Jersey 4 (City, town, or county) (State or foreign country)
16. (a) Informant W. T. Scruby
(b) Address Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Edgewood
18. (a) Signature of funeral director E. Beckett
(b) Address Chillicothe Mo 3227
19. (a) Nov. 30-1942 (Date received local registrar) (b) Lou Etha Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 1942 hour 1 PM ~~minute~~ M.
21. I hereby certify that I attended the deceased from June 10, 1940, to 11-28, 1942, that I last saw him alive on 11-27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart decompensation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis	

Major findings:
Of operations X
Of autopsy no

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature R. J. Brennan (M. D. or other)
Address Chillicothe Mo Date signed 11-30-42

458 (Licensed Embalmer's Statement on Reverse Side)

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 Was Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed E Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.