o. 2
6-42
7-39
X3275

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

Registration District No. 87

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-2-17 5324

State File No. 6165

Registrar's No.

1. PLACE OF DEATH:

(a) County: Crawford

(b) City or town: Bourbon, Rural Boone.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution
In this community: 1 Year. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Crawford

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

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

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country: 0

3. (a) PRINT FULL NAME: Joe. C. Scoggins

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Scoggins

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: March 20, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	10	18	hr. min.

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

10. Usual occupation: Retired

11. Industry or business: ----

MOTHER FATHER

12. Name: Henry Scoggins

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Mary Scoggins

(b) Address: Bourbon, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 11, 43 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter & Paul.

18. (a) Signature of funeral director: C.W. Adams

(b) Address: BOURBON Missouri.

19. (a) Mar 1-1943 (Date received local registrar) (b) C W Adams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feby day: 9 year: 1943 hour: 11 minute: 45 A.M.

21. I hereby certify that I attended the deceased from Jany 31, 1943, to Feby 9, 1943, that I last saw him alive on Feby 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration

Due to: Chronic Cathartics

Due to:

Other conditions: None.
(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

(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: E. L. Hines (M. D. or other)

Address: Bourbon, Mo. Date signed: 2-10-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
District File Number 343176
Date Filed 3-13-43

SEP 2 1955

MAR 17 1943

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 Edgar W. Lafloon

Licensed Embalmer No. 3394

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.