S. No. 2
M—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943 128

Registration District No. 319

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17902

Primary Registration District No. 2000

Registrar's No. 380

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
2257 N. Prospect Avenue /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 9

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2257 N. Prospect Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph B. Scrivener

3. (b) If veteran, name war None

3. (c) Social Security No. 500-10-0997

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Millie J. Scrivener

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February (Month) 20 (Day) 1888 (Year)

8. AGE: Years 55 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Dallas County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Truck Driver

FATHER
12. Name Benjamin L. Scrivener 9
13. Birthplace Unknown (City, town, or county) UNKNOWN. (State or foreign country)

MOTHER
14. Maiden name Allie McKee
15. Birthplace Unknown (City, town, or county) UNKNOWN. 9 (State or foreign country)

16. (a) Informant Willie J. Scrivener
(b) Address 2257 N. Prospect Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J. W. Klingner &Co.
(b) Address Springfield, Missouri

19. (a) 5-11-43 (Date received local registrar) (b) E. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8 year 1943 hour 2 minute — P. M.

21. I hereby certify that I attended the deceased from 5-8-, 1943, to 5-8-, 1943 that I last saw him alive on Dead when arrived 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pect

Due to Hardening of Carnary Arteries

Due to

Other conditions (Include pregnancy within 3 months of death) 94 b

Major findings:
Of operations
Of autopsy

Duration

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 W. Kelly (M. D. or other)
Address Springfield Mo Date signed 5-8-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4071

P. O. Address.....

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.