

FILED MAY 27 1943

Registration District No. 115

Primary Registration District No. 3036

Registrar's No. 63

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

1. PLACE OF DEATH:  
 (a) County Lawrence  
 (b) City or town Aurora  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Aurora Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community about six months  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barry  
 (c) City or town Monett  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 409 - 4th St  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

3. (a) PRINT FULL NAME Otto Joseph Scribante Jr  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years  
 7. Birth date of deceased March 10 1928  
 (Month) (Day) (Year)

8. AGE: Years 15 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School child

11. Industry or business none

12. Name Otto Joseph Scribante Sr

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

14. Maiden name Mary Vistha

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

16. (a) Informant Otto J. Scribante

(b) Address 409 4th at Monett Mo

17. (a) Removal none (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozage City Kansas

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15  
 year 43 hour 2:50 minute 4 M.  
 21. I hereby certify that I attended the deceased from 4/14  
 1943 to 4/15 1943;  
 that I last saw in alive on 4/15 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from lung Duration 15 MIN  
 Due to Fractured skull 14 hrs before hemorrhage. We were unable to determine cause or nature of hemorrhage, etc.  
 Due to Massive with sudden death  
 Other conditions Massive with sudden death  
 (Include pregnancy within 3 months of death)

Major findings: I do not know how much the skull fracture contributed to death. Contributed to death. Skull fracture itself was small.  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence 4/15/43  
 (c) Where did injury occur? Monett Barry Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
School  
 While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature Frank R. M.D. (M. D. or other) \_\_\_\_\_  
 Address Monett Mo Date signed 4/15/43

RECEIVED

District Health Officer No. 6,

District File Number 543-667

Date Filed MAY 26 1943

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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. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Mount Ma

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.

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 63

1. PLACE OF DEATH: Lawrence

(a) County Lawrence

(b) City or town Lawrence

(c) Name of hospital or institution: Anna Hosp.

(d) Length of stay: In hospital or institution about 6 months

In this community about 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....

(d) Street No.....

(e) Citizen of foreign country?.....

3. (a) PRINT FULL NAME otto joseph scribner jr.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 14 Year 1943 Hour 10 Minute 15 M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased March 10 1932

21. I hereby certify that I attended the deceased from 10:15 to 10:30 1943 and that death occurred on the date and hour stated above. Immediate cause of death hemorrhage from lung

8. AGE: Years 11 Months 0 Days 0 If less than one day min.

9. Birthplace Kansas

Due to Fractured skull 14 hrs before hemorrhage we were unable to determine cause of nature of hemorrhage

Other conditions was massing with sudden death.

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

Major findings: 180a

Of operations.....

Of autopsy..... 39

16. (a) Informant..... (b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof.....

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) 6-1-43 (Date received local registrar) (b) Emmie Green (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 14 43

(c) Where did injury occur Monett Bang Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public School

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

23. Signature Frank R. ... (M. D. or other) Address Monett Mo Date signed 6/2/43

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

SUPPLEMENTARY

5-18275