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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32214

State File No.

Registration District No. 264 Primary Registration District No. 3048 Registrar's No. 146

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 509 So. Charles 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin Franklin Scull
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. none
4. Sex male
5. Color or race 0 white
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Daisy Cuttler Schll
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 29 1872 (Month) (Day) (Year)

8. AGE: Years 71 Months Days 15 If less than one day hr. min.

9. Birthplace Atchison County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Produce firm employee
11. Industry or business
FATHER
12. Name Henry Scull
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charlotte Williams
(b) Address Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) Sep 16-43 (Date received local registrar) (b) Amy Balbro (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pleural Pneumonia

Due to

Due to 1637

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coroners Inquest

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) Suicide
(b) Date of occurrence Sept 13 1943
(c) Where did injury occur? Maryville Nodaway Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
His Home 509 So. Charles St.
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. R. Jackson D (M. D. or other)
Address Maryville, Mo. Date signed 9-15-43

139 (Licensed Embalmer's Statement on Reverse Side)

SEP 29 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 Glen M Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.