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State File No. _____
Registrar's No. 296

FILED APR 10 1944

Registration District No. 1926

Primary Registration District No. 513 2

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph Rural Wash. Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Route #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural Route #2, St. Joseph
(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 _____

3. (a) PRINT Margaret Elizabeth Scanland
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from
8-13-44, 19, to 3/15, 1944
that I last saw her alive on 3/16/44, 19, and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, 2 divorced, Widow

6. (b) Name of husband or wife Richard

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

7. Birth date of deceased March 18, 1861
(Month) (Day) (Year)

Immediate cause of death Broncho Pneumonia
Arteriosclerosis
Chronic Hypertension

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 82 Months 11 Days 29
If less than one day _____ hr. _____ min.

Duration 7 days

PHYSICIAN Gibson

Underline the cause to which death should be charged statistically.

9. Birthplace Harrison County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

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? _____

23. Signature Robert G. Smith
(Specify type of place) (City or town) (County) (State)
Date signed 3/17/44

MOTHER FATHER

12. Name unknown Barker

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

14. Maiden name unknown

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

16. (a) Informant Mrs. George A. Botkin

(b) Address 917 Angelique St. St. Joseph

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 3-20-44
(Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 South 10th St. St. Joseph

19. (a) 3-20-44
(Date received local registrar) (b) Rose Hergoy
(Registrar's signature)

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APR 10 1944

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  Mollie E. Sidenfaden
Licensed Embalmer No. 4235
P. O. Address St. Joseph 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.