

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18278
Registrar's No. 126

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(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 Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1501 W. Maple St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Lee Scofield
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race Wht
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 3, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	2	9	hr. min.

9. Birthplace Rich Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name Coy W. Scofield
13. Birthplace Woodbine Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Norma Derr
15. Birthplace Rich Hill Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Coy W. Scofield
(b) Address 1501 W. Maple St. Indep. Mo

17. (a) Burial (b) Date thereof May 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill Mo

18. (a) Signature of general director Roland K. Specker
(b) Address Independence Mo

19. (a) 5-14-44 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1944 hour minute M.
21. I hereby certify that I attended the deceased from May 10
1944 to May 12, 1944
that I last saw her alive on May 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of the bowels 2 days
Due to Intussusception of the bowels
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations about 122 ft
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?

23. Signature of physician Roland K. Specker (M. D. or other)
Address Independence Mo Date signed 5-12-44

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Roland P. Prentiss

Licensed Embalmer No.

3604

P. O. Address.....

Indy, 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.