

V. S. No. 2
00M-8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23979**
Registrar's No. **198**

FILED AUG 9 1944
Registration District No. **9 1944**

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Kirksville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Kirksville, Mo. Cov. Harrison**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution 9 Franklin St.**
(Specify whether
In this community **Life 3**
years, months or days)

3. (a) PRINT FULL NAME **Irvin Scofield**
3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Blanch Scofield**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **April 18 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 11 hr. min.

9. Birthplace **Adair Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Lon Scofield**

13. Birthplace **Adair Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Marada Farr**

15. Birthplace **Adair Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Blanch Scofield**

(b) Address **Novelty, Mo.**

17. (a) **Burial** (b) Date thereof **7/31/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pinkerton Cemetery**

18. (a) Signature of funeral director **B. E. Riley**

(b) Address **Kirksville, Mo.**

19. (a) **8-4-44** (b) **Mrs. J. Wayman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Knox 52**
(c) City or town **Novelty,**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route No. 3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**
year **1944** hour **4:00** minute **3** P. M.

21. I hereby certify that I attended the deceased from **Jan 27**, 19**44** to **July 29**, 19**44**
that I last saw him alive on **July 29**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **94h**
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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **R. Stricklen** (M. D. or other) **WR**

Address **Kirksville, Mo.** Date signed **8-2-44**

308.8.8.44

1049

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1944

AUG 9 1944

8-44-1344

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. E. Riley

Licensed Embalmer No. 4181

P. O. Address Keokuk 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.