

S. No. 2  
-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14296  
Registrar's No. 25

FILED MAY 3 1945  
Registration District No. 280

Primary Registration District No. 59#63

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

1. PLACE OF DEATH:  
(a) County Platte  
(b) City or town Parkville  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 20 days  
In this community: 20 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Platte  
(c) City or town Parkville #363  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William Milton Scribens  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-09-2709

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13  
year 1945 hour 10 minute A.M.  
21. I hereby certify that I attended the deceased from 4/12 1945 to 4/13 1945  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex MB 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret Scribens 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Nov 6 1897  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations GSW  
Of autopsy \_\_\_\_\_

8. AGE: Years 53 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Norborne Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Corn Refinery

11. Industry or business \_\_\_\_\_  
12. Name William Scribens  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Duncan  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Scribens  
(b) Address Parkville #3  
17. (a) Funeral (b) Date thereof 4/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Funeral Home  
18. (a) Signature of funeral director W.D. ...  
(b) Address ...  
19. (a) 4-14-45 (b) Mrs. Clay Siffle  
(Date received local registrar) (Registrar's Signature)

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 2  
23. Signature T.H. ... (M.D. or other) D.O.  
Address Parkville, Mo Date signed 4/14/45

RECEIVED

District Health Officer No. Platte Co. Health Unit  
District File Number 5-46-41  
Date Filed 5-1-45

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.....

*John S. Morton*

Licensed Embalmer No. 4349

P. O. Address 210 W. 11th

**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.