S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23197

FILED AUG 29 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3056

148
3
8

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1315 PROSPECT AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - - (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1315 PROSPECT AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - - - - - -

3. (a) PRINT FULL NAME MR ORA JOHNSON SCRIBNER

3. (b) If veteran, name war no

3. (c) Social Security No. 495-05-7203

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. DORA E. SCRIBNER

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased JANUARY 28 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days ~~24~~ 23 If less than one day hr. min.

9. Birthplace MARION (City, town, or county) OHIO (State or foreign country)

10. Usual occupation FARMER AND SALESMAN

11. Industry or business SPAR BRAN MILLS

FATHER
12. Name GEORGE W. SCRIBNER
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE MASWELL
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Dora E. Scribner
(b) Address 1315 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-45 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ BUTLER, MISSOURI

18. (a) Signature of funeral director D.H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 7-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21 57
year 1945 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 10th, 1945, to July 20, 1945, that I last saw him alive on July 20, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	

Major findings:
Of operations
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Roy Young (M. D. or other) D.O.
Address 753-4 Wesley Bldg Date signed 7-21-45

(Licensed Embalmer's Statement on Reverse Side)

253 Ottley Bldg.
9:30. 2:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.