

S. No. 2  
M-8.43  
5-173  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42623

State File No.

FILED JAN 9 1948

Primary Registration District No. 3074

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 Mo (b) County Scott 100  
(c) City or town Sikeston 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 309 E. Kathleen 2  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN BOYD SCOLLIAN

3. (b) If veteran, name war World War I 3. (c) Social Security No. 494-10-2108

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 30 1896  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lyon Co Ky 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Wash Room Foreman

11. Industry or business M. Knight-Keston Socy Co

MOTHER FATHER  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 9  
14. Maiden name Martha Nichols  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Ky 1

16. (a) Informant Mrs Florence Scollian  
(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 12-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City-Sikeston Mo

18. (a) Signature of funeral director Wald Funeral Home  
(b) Address Sikeston Mo

19. (a) 12-31-45 (b) Mrs. T. F. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17  
year 1945 hour 7:55 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from December 17, 1945, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on December 17, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (acute) Duration Unknown

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_ 930

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 [Signature] (M. D. or other) D.O.  
Address Sikeston, Missouri Date signed 12-22-45

RECEIVED  
District Health Office No. 2,  
District File Number 146-61  
Date Filed 1-8-46

JAN 10 1946

**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 Raymond Crews  
Licensed Embalmer No. 3467  
P. O. Address St. Keaton 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.**