

S. No. 2
M-2-43
5-17-39
P-I X39897

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

15403

FILED MAY 2 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 336

Primary Registration District No. 61-2-1-4493

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101
(c) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Mary C. Scoville

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo Scoville 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 13th 1864
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 22 If less than one day _____ hr _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William H. Curless

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Zennetta Kennedy

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Bradford

(b) Address Edgar Springs Mo

17. (a) Burial (b) Date thereof 4/7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director John F. Amman

(b) Address Mountain View, Mo

19. (a) 5-2-46 (b) Mabel Roach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1946 hour 9 minute 40 PM.

21. I hereby certify that I attended the deceased from March 30
11 1946 to April 5 1946
that I last saw her alive on March 130 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 6 days
Blind Eye
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

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

23. Signature R. D. Davis (M. D. or other) _____
Address Birch Tree Mo Date signed 4/6-46

306

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

01
00
00

12-13

at 10

MAY 7 1945

D. 11

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

John F. Amear

Licensed Embalmer No. *2516*

P. O. Address.....

New View 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.