

No. 2
5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

16519

State File No. _____
Registrar's No. 3

FILED JUN 10 1946
Registration District No. 144

Primary Registration District No. 5563

1. PLACE OF DEATH:
(a) County IRON
(b) City or town GLAVER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
year _____ months _____ days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Iron 47
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles E of Pesterwill
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM LUTHER SCAGGINS
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 18
year 4 hour 15 minute _____ P. M.
21. I hereby certify that I attended the deceased from 4
15 1946 to 5 1946
that I last saw him alive on 5 1946
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROSIE SCAGGINS
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 14 1875
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the liver
Duration _____

8. AGE: Years Months Days If less than one day
71 4 2 hr. _____ min.

Due to _____
Due to _____
Other conditions mitral insufficiency 4 yrs
(Include pregnancy within 3 months of death)

9. Birthplace GLAVER MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation SURVEYOR & ENGINEER

Major findings: Of operations _____
Of autopsy 46h
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name GEORGE WILLIAM SCAGGINS
13. Birthplace GEORGETOWN MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name CAROLINE HUFF
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant WINFORD LUTHER SCAGGIN
(b) Address GLAVER MISSOURI
17. (a) BURIAL (b) Date thereof 5-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SCAGGIN CEMETERY
18. (a) Signature of funeral director Geo S. Luchel
(b) Address 204 N. Main
19. (a) May 20 46 (b) Thos. Aris Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature G. M. Fish (embalmer) (M. D. or other) M. D.
Address Pesterwill Mo Date signed 5/19/46

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

RECEIVED

District Health Officer No. 4
District File Number 646-2222
Date Filed 6-8-46

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. P. Leach.....

Licensed Embalmer No. 3475.....

P. O. Address Quinton, 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.