S. No. 2
M—8-43
5-17-39
I X37823

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

16599

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17719

State File No.

Registration District No. 287 Primary Registration District No. 5980 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Polk

(b) City or town "Rural" Wishart Twp.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. near Wishart 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Amanda E. Scroggins

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 23 (Day) 1865 (Year)

8. AGE: Years 80 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Gilbert Coffey
13. Birthplace (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name Martha Simmons
15. Birthplace Polk County (City, town, or county) Mo. (State or foreign country) 11

16. (a) Informant Ed. Scroggins
(b) Address Wishart, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 8, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Enon Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) May 8, '46 (Date received local registrar) (b) Joe A. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour minute M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ May 6, 1946, to , 19 ;
that I last saw her ~~alive~~ on May 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to This lady was found dead in bed. Had been dead a short time when found

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 3

23. Signature Willard B. Erwin Coroner (M.D. or other)
Address Bolivar, Mo. Date signed May 6/46

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(Licensed Embalmer's Statement on Reverse Side)

No. 7,
5-46-5,47
6-6-46

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.