

FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40166

State File No. _____

Registration District No. 114

Primary Registration District No. 5432

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Stanton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meramec Hwy
66 Highway 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Hamilton 997
(c) City or town Cincinnati 33
(If outside city or town limits, write "RURAL")
(d) Street No. 1531 Pleasant St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Milton Scanlon

3. (b) If veteran, name war No. 3. (c) Social Security No. 273-24-3800

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Scanlon 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Jan. 28 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 10 0 hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business City of Cincinnati

MOTHER FATHER

12. Name Frank Scanlon

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

14. Maiden name Lillian Hasenkamp

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

16. (a) Informant Mary Scanlon

(b) Address 1531 Pleasant St.

17. (a) Burial (b) Date thereof 12/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem. Cincinnati, Ohio

18. (a) Signature of funeral director W. J. ...

(b) Address Meramec Hwy

19. (a) Dec 7-46 (b) E. F. ...
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month November day 28th
year 1946 hour 3 minute 3 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Fractured neck, compound fracture
Due to Below knee left leg.

Due to accident

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

Major findings: Of operations _____

Of autopsy 1700

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) accident 36

(b) Date of occurrence 11/28/1946

(c) Where did injury occur? Stanton Franklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home; on farm; in industrial place, in public place?
Public Highway 66

While at work? no (e) Means of injury pedestrian

23. Signature E. F. ... Coroner 3

Address Union Mo Date signed 11/28/46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-16-46

DEC 30 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 *Pho. P. Shaffer*
Licensed Embalmer No. *2692*
P. O. Address *Sullivan 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.