

FILED DEC 23 1946

State File No. _____

Registration District No. 139Primary Registration District No. 6336 4225Registrar's No. 117

1. PLACE OF DEATH:

(a) County Holt
 (b) City or town Oregon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Brown Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 Years
 (Specify whether years, months or days)
 In this community 3 1/2 Years

3. (a) PRINT

FULL NAME Cynthia Ella Scheib

3. (b) If veteran,

name war _____

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 Christian J. Scheib
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 9 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Isaac N Swallow

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

14. Maiden name Eliza Jane Morehead

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

16. (a) Informant Orr Swallow

(b) Address Barnard, Missouri

17. (a) Burial (b) Date thereof Dec 9 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore, Missouri

18. (a) Signature of funeral director James J. Pettigrew

(b) Address Oregon Mo.

19. (a) 1-24-46 (b) J. Arany
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
 year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Dec 10 1946 to Dec 7 1946
 that I last saw h. i. m. alive on Dec 7, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 min
 Due to Essential Hypertension 6 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g3A

Of autopsy none

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 no injury

(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 (f)

23. Signature E. J. Kearney (M. D. or other)

Address Oregon Date signed 2-9-46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

James H. Pettijohn

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.