

FILED JAN 23 1947

Registration District No. **96**

Primary Registration District No. **5-348**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Dallas**
 (b) City or town **Louisburg**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
 (If not in hospital or institution, write street number or location) **1**
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Lifetime**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dallas** **30**
 (c) City or town **Louisburg**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Frantz Sigal Scrivener**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Pattie Mae Scrivener** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Feb 27 1862**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 10 3 hr. min.

9. Birthplace **Dallas County Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Unknown** **9**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mr. Earl Scrivener**

(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **Jan-1-1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisburg Cemetery**

18. (a) Signature of funeral director **Laughan Pearson**

(b) Address **Urbana, Mo.**

19. (a) **1-13-47** (b) **Grace Petree**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30** year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 15** _____, 19 **46** to **Dec 30** _____, 19 **46**
 that I last saw him alive on **Dec 30** _____, 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **1 yr**

Due to _____

Due to **DK 46 Ps**

Other conditions **Age 46 Ps**
 (Include pregnancy within 3 months of death)

Major findings: **None**

Of operations _____

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 _____

(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 **0**

23. Signature **W. P. Plummer** (M. D. or other) **MD**

Address **Buffalo Mo** Date signed **1-7-47**

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

MOTHER FATHER

CA-2-1
13-4-35
DECEASED
FEB 11 1935

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Arbans, 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.