V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1470

Registration District No. 146 — Primary Registration District No. 5568 — Registrar's No. 73

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence Rural Blue. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11451 Scott (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 0 In this community: 19 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jakcosn

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

(d) Street No.: 11451 Scott (If rural, give location)

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

If yes, name country: None

3. (a) PRINT FULL NAME: Christina Alice Scogin

3. (b) If veteran, name war: No

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: Deceased

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

7. Birth date of deceased: December (Month) 30 (Day) 1885 (Year)

8. AGE: Years 61 Months 0 Days 9 If less than one day hr. min.

9. Birthplace: Elk County, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Self Employed

FATHER

12. Name: John Schull

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

MOTHER

14. Maiden name: Genoa Day

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

16. (a) Informant: Clifford A. Scogin

(b) Address: 1030 Cleaveland, K. C. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 13 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Mound Grove Cem. Indep.

18. (a) Signature of funeral director: Geo. C. Carson Funeral H.

(b) Address: Independence, Missouri

19. (a) 1-13-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from ~~December~~ 26, 1946 to January 9, 1947 that I last saw ~~her~~ alive on January 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration: 3 yrs.

Due to:

Due to:

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

Major findings: Of operations: 93 D

Of autopsy:

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)

(e) While at work? (e) Means of injury: D

23. Signature: W. Richard Lyle (M. D. or other) DO

Address: Independence, Mo. Date signed: 1-11-47

(Licensed Embalmer's Statement on Reverse Side)

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FEB 19 1947

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 Charles T. Taylor, Registered Apprentice No. 411, working under my personal supervision.

Signed John Parley

Licensed Embalmer No. 4308

P. O. Address Independence, 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.