

FILED OCT 13 1947

Registration District No. 187

Primary Registration District No. 5696

Registrar's No. 123

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
13 miles northwest of Chillicothe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 months & 10 days
years, months or days)

3. (a) PRINT FULL NAME McKinley Scriven

3. (b) If veteran, name war World War I 3. (c) Social Security No. 491-28-1544

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

6. (b) Name of husband or wife Cora L. Scriven 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 12 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 3 _____ hr. _____ min.

9. Birthplace Hays County Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Scriven

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

14. Maiden name Laura McAfferty

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

16. (a) Informant Mrs. McKinley Scriven

(b) Address R.R. Chillicothe, Missouri

17. (a) Burial (b) Date thereof 9-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. PLEASANT CEM

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Sept-16-47 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 13 miles N.W. Chillicothe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1-47
July 15 to Sept 15 1947
that I last saw h. un alive on July 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Had previous Coronary attack July 1-47
Due to _____

Duration

5 Minutes

30 days

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

Major findings:
Of operations _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph Conrad (M. D. or other) M.D.
Address Chillicothe, Mo. Date signed Sept 16 47

DISTRICT HEALTH OFFICE
Cameron, Mo.

APR 18 1968

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 Elton Norman
Licensed Embalmer No. 4036
P. O. Address Chillicothe, 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.