

FILED NOV 10 1947

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northwest Holden
(If not in hospital or institution, write street number or location)
(d) -Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 53 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. Northwest Holden
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME MARY A SCRUTCHFIELD

3. (b) If veteran, name war none 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 Isaac Scrutchfield 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased April 12, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>6</u>	<u>12</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business same

MOTHER, FATHER

12. Name Thomas L. McMullen
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martha Elizabeth Bailey
(City, town, or county) (State or foreign country)
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Johnson

(b) Address Holden, Missouri

17. (a) burial (b) Date thereof October 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rock Springs Cemetery

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) Oct 31, 1947 (b) Mrs. H. P. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1947 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from May 12
1945 to Oct 24, 1947
that I last saw her alive on Oct 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Endo Carditis

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Q 3 D

Of autopsy

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 2

23. Signature J. Golden (M. D. or other) Do
Address Holden, Mo Date signed 10/24/47

Duration
Physician
Underline the cause to which death should be charged statistically.

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..... *W. H. Canaday*
Licensed Embalmer No. *3434*
P. O. Address *Holden, 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.