FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37182

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1455

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

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: 2836 So. 21st. St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2836 So. 21st. St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Clay Thomas Scanlan
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: Mary Elizabeth
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: July (Month) 10 (Day) 1888 (Year)

8. AGE: Years 59 | Months 5 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Postal Supervisor
11. Industry or business: U. S. Postal Dep't.

FATHER
12. Name: Charles A. Scanlan
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Sarah Driscoll
15. Birthplace: Weston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Mary E. Scanlan
(b) Address: 2836 So. 21st. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 13, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet cemetery
18. (a) Signature of funeral director: Herman Wm Sidenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 12-11-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1947 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Viewed Dec 10th, 1947, to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insuficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury

23. Signature: B. W. Tadle C/C (M. D. or other) Coroner
Address: King Hill Bldg St. Joseph, Mo Date signed 12/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 30 1951

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.