S. No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 25 1948

Registration District No. 1441

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5554

State File No. 26102

Registrar's No. 18

1. PLACE OF DEATH:
(a) County: RESIDENCE - HOWELL
(b) City or town: RURAL - SPRINGCREEK TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: POTTERSVILLE, Mo. OAK/MOUND ROUTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)
In this community: 32 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: HOWELL
(c) City or town: "RURAL" SPRING CREEK TWP.
(If outside city or town limits, write "RURAL")
(d) Street No.: POTTERSVILLE, Mo., ROUTE
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN FRANKLIN SCANTLIN
3. (b) If veteran, name war: C-2 618 918
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Clara May Scantlin
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: MAY (Month) 7, (Day) 1883 (Year)

8. AGE: Years 65 Months 3 Days 10 If less than one day hr. min.

9. Birthplace: CUBA, (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: NONE
11. Industry or business:
FATHER
12. Name: Robt. G. Scantlin
13. Birthplace: Gasconade Co., Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucinda Jane Pope
15. Birthplace: Gasconade Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Everett Scantlin
(b) Address: Poplar Bluff, Mo.
17. (a) Pottersville Cem. (Burial, cremation, or removal) (b) Date thereof: Aug. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: SPRING CRK. TWP., HOWELL Co.
18. (a) Signature of funeral director: Hal Thornburgh
(b) Address: West Plains, Mo.
19. (a) 8-21-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 17, year 1948 hour 9 minute 2 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: short
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: Maynard Thornburgh CORONER
Address: West Plains, Mo. Date signed: 8-19-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1948

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.