No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

32106

State File No.

FILED OCT 25 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1091

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 Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town Highland 5
(If outside city or town limits, write "RURAL")
(d) Street No. Highland, Kansas. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Scoon
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 22 (Day) 1861 (Year)

8. AGE: Years 86 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Dixon (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farmer
FATHER
12. Name Rufus Pratt Scoon
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Jennie Woodall
15. Birthplace Unknown (City, town, or county) England (State or foreign country) 4
16. (a) Informant Mrs. Jennie Gouck
(b) Address Highland, Kansas.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland, Kansas.
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 10-19-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3x2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1948 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from 10-13-48, 19..., to 10-17-, 1948
that I last saw him alive on 10-17-48, 19...
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral injury -	4 days
Due to Being struck by auto	4 days
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) Accident 136
(b) Date of occurrence 10-13-48
(c) Where did injury occur? Highland (City or town) Kansas (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury Car 3

23. Signature Paul Forgrave (M. D. or other)
Address St Joseph Mo Date signed 10-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S 10th St. Joseph, M

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.