S. No. 2
1—12-45
r. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1949

Registration District No. 143

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5143

State File No. 39481

Registrar's No. 475

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Rural - Poplar Bluff Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Butler
(c) City or town: Rural Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mi S E Poplar Bluff Mo
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: John Quiller Scoggins
3. (b) If veteran, name war: —
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: Louisa Scoggins
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Mar (Month) 11 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	9	19	hr. ____ min.

9. Birthplace: Sparta (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
12. Father Name: James W. Scoggins
13. Father Birthplace: White Co (City, town, or county) Tenn (State or foreign country)
14. Mother Maiden name: Sarah Lunday
15. Mother Birthplace: White Co (City, town, or county) Tenn (State or foreign country)
16. (a) Informant: A Scoggins
(b) Address: Poplar Bluff Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 12 1949 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem.
18. (a) Signature of funeral director: W. T. Phelps
(b) Address: Poplar Bluff Mo
19. (a) 1-14-49 (Date received local registrar) (b) R. H. Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1948 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from 15 June 1948 to 30 Dec 1948 that I last saw him alive on 30 Dec 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis	Duration
Due to: arteriosclerosis	
Due to: Hypertension	
Other conditions: Chronic nephritis, heart disease (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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: Cyril A. Reef (M. D. or other)
Address: Poplar Bluff Mo Date signed 31 Dec 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 149-35
Date Filed 1-10-49

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 Marshall Blackwell, Registered Apprentice No. 293, working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.