

621

BIRTH NO.		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 4315		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give town) La Plata		c. LENGTH OF STAY (In this place) 3 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) La Plata		61	
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 Owenby				d. STREET ADDRESS (If rural, give location) 218 Owenby			
3. NAME OF DECEASED (Type or Print) a. (First) Nannie		b. (Middle) Belle		c. (Last) Scobee		4. DATE OF DEATH (Month) (Day) (Year) Sept, 30, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH (If under 1 year last birthday) (If under 1 year Months) (If under 1 year Days) (If under 1 year Hours) (If under 1 year Min.) July 27, 1854 95 2 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elijah Cummins		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Robert G. Scobee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Guy Bundy, La Plata, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) #		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) #		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) #			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 10, 1949 , to Sept 30, 1949 , that I last saw the deceased alive on Sept 10, 1949 and that death occurred at 4:01 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE L.O. Newton M.D. (Degree of title)				23b. ADDRESS La Plata Mo		23c. DATE SIGNED 9/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1949		24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		24d. LOCATION (City, town, or county) (State) La Plata, Mo.	
DATE REC'D BY LOCAL REG. Oct 1 1949		REGISTRAR'S SIGNATURE Mrs O B Griffin 186		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennett M. Wilson			

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

RECEIVED 10/4/49
MARIAN CO. HEALTH DEPT
COUNTY FILE No 10/47/12
D. T. F. I. 10/4/49

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.