

Registration District No. 427

Primary Registration District No. 5-582

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural-Madison
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 81 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Georgia Ann Scarce

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour 11:00 minute _____ P.M.

4. Sex Female 5. Color or race White

6. (b) Name of husband or wife B. L. Scarce 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 2 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Januair 4, 1937, to July 8, 1940;
that I last saw her alive on July 7, 1940;
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 10 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Arterio sclerosis

Due to _____

Due to _____

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

12. Name Harry Vaughn

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Asia King

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Bud Scarce
(b) Address Holden Mo

17. (a) Burial (b) Date thereof July 10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

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? _____

(e) Means of injury _____ (Specify type of place)

While at work? _____

18. (a) Signature of funeral director J. M. Goodman
(b) Address Holden Mo

19. (a) July 9, 1940 (b) Mrs. G. V. Redford
(Date received local registrar) (Registrar's signature)

23. Signature Kelly Pawlins (M. D. or other) _____
Address Holden Mo Date signed 7/9/40

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-13-60

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 *T. M. Goodman*

Licensed Embalmer No. 2424

P. O. Address Holden 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, above space should be left blank.