

RUEN SEP 13 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27877**
Registrar's No. **29**

Registration District No. **53**

Primary Registration District No. **3005**

1. PLACE OF DEATH:

(a) County **Bates**
Rich Hill
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
infant
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bates**
(c) City or town **Rich Hill**
(If outside city or town limit, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **infant SCARNIER**
656
(b) If veteran, name war
(c) Social Security No.

4. Sex **male** 5. Color or race **W**
Boy
6. (a) Single, widowed, married, divorced **Infant**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **August 1 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

9. Birthplace **Rich Hill Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER, FATHER { 12. Name **Eugene J. Scarnier**
13. Birthplace **Canada**
(City, town, or county) (State or foreign country)
14. Maiden name **Lillian Landon**
15. Birthplace **Lincoln Neb.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Scarnier**
(b) Address **Rich Hill Missouri**

17. (a) **Burial** (b) Date thereof **Aug 5, '40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodfin Cemetary**

18. (a) Signature of funeral director **Booth's**
(b) Address **Rich Hill, Mo.**

19. (a) **Aug 5, 1940** (b) **Claude J. Allen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4th**
year **1940** hour **9:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug 1**
1940 to **Aug 4 1940**
that I last saw him alive on **Aug 3 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Transected Artery
Due to

Due to
Other conditions
(Include pregnancy within 3 months of death)
150 C

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?

While at work (Specify type of place) (e) Means of injury
23. Signature **Claude J. Allen** (M. D. or other)
Address **Rich Hill Mo** Date signed **Aug 5 1940**

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1315

Date Filed 9-12-40

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

John J. Heddenwood

Licensed Embalmer No.

3585

P. O. Address

Butler 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.