

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 164

Primary Registration District No. 5229

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Benton Jerico Spgs
(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) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 5 2/12

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Jerico Springs, Rural
(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.

3. (a) PRINT FULL NAME Gertie Ester Scantlin

3. (b) If veteran, _____
DATE WAR _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. G. Scantlin
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. 28, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	10	15	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Pruitt

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

14. Maiden name Unknown

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

16. (a) Informant's own signature A. G. Scantlin

(b) Address Jerico Springs, Missouri

17. (a) Burial (b) Date thereof 8014-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brasher Cemetary

18. (a) Signature of funeral director H. C. Davis & Co

(b) Address Stockton, Missouri

19. (a) Aug-21-40 (b) Ms. May Hufner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1940 hour _____ 3 minute 15 P. A. M.

21. I hereby certify that I attended the deceased from August 2, 1940 to August 12, 1940
and that death occurred on the date and hour stated above.
that I last saw her alive on August 12, 1940, 19 _____

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension ?

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? 155

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Bennett (M. D. or other) DO

Address Jerico Springs, Mo. Date signed 8/12/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1238

Date Filed 9-4-40

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 *A. H. Neal*

Licensed Embalmer No. 3335

P. O. Address *Stacy*

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.