

Registration District No. 212

Primary Registration District No. 5292

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Russellville, Mo. Rural Clark
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Russellville, Mo. 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 Charlie Randolph Scrivner

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 Alice 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 23 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin Scrivner

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Rolder

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wesley Inloe

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Feb. 2nd, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director G. N. Steffens

(b) Address Russellville, Mo.

19. (a) Feb 2, 1941 (b) Mr. J. R. Glover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st.
year 1941 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 24, 1940, to Jan. 31, 1941;
that I last saw him alive on Jan. 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 6 days

Due to _____

Due to _____

Other conditions Carcinoma of Prostate 1 yr.
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) XX

(b) Date of occurrence XX

(c) Where did injury occur? XX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XX

1941 XX (Specify type of place) XX
While at work _____ (e) Means of injury XX

23. Signature Geo. H. Shirley M.D. or other _____
Address Eugene, Mo. Date signed 2/21/41

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

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CC

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.....

G. M. Steffens

Licensed Embalmer No. *2307*

P. O. Address.....

Russellville 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.