

No. 2  
-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4049

**FEB 25 1941**

Registration District No. 750

Primary Registration District No. 5987

Registrar's No. 1734

1. PLACE OF DEATH:

(a) County TRIPLE

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

(c) Name of hospital or institution:  
9 MILES NORTH OF DONIPHAN  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 57 YRS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

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

(d) Street No. 9 miles North of Doniphan  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BARNETT SCANTLIN, EDMONDS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ROSETTA SIMONS 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAR. 1, 1871  
(Month) (Day) (Year)

|         |           |           |           |                       |
|---------|-----------|-----------|-----------|-----------------------|
| 8. AGE: | Years     | Months    | Days      | If less than one day. |
|         | <u>69</u> | <u>10</u> | <u>12</u> | hr. min.              |

9. Birthplace Marion Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Wm. Marion Edmonds

13. Birthplace Marion Co. Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Mc. Blanton

15. Birthplace Marion Co. Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Keany

(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 2-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elizabeth Gene

18. (a) Signature of funeral director Wm. J. Lish

(b) Address Naylor, Mo.

19. (a) Feb. 15, 1941 (b) C. B. Johnston  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 6, 1941 to February 6, 1941  
that I last saw him alive on February 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis and Aortic Regurgitation  
Due to Influenza

Due to \_\_\_\_\_

Other conditions None  
(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? 714

6714 (Specify type of place) \_\_\_\_\_  
(While at work) (b) Means of injury

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Doniphan, Mo. Date signed 2-15-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 241318

Date Filed \_\_\_\_\_

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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: Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.**