No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11203

Registration District No. 470 Primary Registration District No. 4383 Registrar's No. 351

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

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: X (Specify whether years, months or days)
In this community: Over 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence

(c) City or town: Mt Vernon Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)
If yes, name country: X

3. (a) PRINT FULL NAME: Mrs Minnie Scraggs Shriver

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Thomas E Shriver

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: Sept (Month) 12 (Day) 1866 (Year)

8. AGE: Years 74 Months 5 Days 23 If less than one day hr. min.

9. Birthplace: Greenfield (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Old Home

11. Industry or business: X

MOTHER FATHER

12. Name: William L. Scraggs

13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

14. Maiden name: Carolyn Mitchell

15. Birthplace: Mt Pleasant (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Ellen Shriver

(b) Address: Mt Vernon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mch 9-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Brick Church Cem

18. (a) Signature of funeral director: Geo B Orr

(b) Address: Mt Vernon Mo

19. (a) 3-8-1941 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 5th year 1941 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from Jan 11 - ~~1941~~ ~~to time of death~~, 1941, to March 5th 1941; that I last saw her alive on March 5th 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	15 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: B. D. Baird ~~(M.D.~~ or other) D.O.

Address: Mt. Vernon Date signed: Mar 8-1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 441-550
Date Filed APR 5 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.