DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

28110

State File No.

FILED SEP 10 1941

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 249

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

**1. PLACE OF DEATH:**

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 67 years 0 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole 026 5

(c) City or town Jefferson City 4 (If outside city or town limits, write "RURAL")

(d) Street No. Rear 603 East High Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Silas A. Scruggs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Bertha Scruggs

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May (Month) 31 (Day) 1873 (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Cole County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Napoleon B. Scruggs
13. Birthplace Cole County, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mahalia
15. Birthplace Moniteau County, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant G A Scruggs

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-27-1941 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorp J Gordon

(b) Address Jefferson City, Missouri

19. (a) Aug 27-41 (Date received local registrar) (b) Norma Fischer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August 26th year 1941 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Aug 22, 1941 to Aug 26, 1941 that I last saw him alive on Aug 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 days

Due to 122 B

Due to

Other conditions: Appendicitis acute Intestinal Obstruction (Include pregnancy within 3 months of death)

Major findings: Of operations appendicitis acute Intestinal Obstruction

Of autopsy

Duration

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 —

23. Signature J G Bruce (M. D. or other) OMR

Address Jefferson City Mo Date signed 8/27/41

594 (Licensed Embalmer's Statement on Reverse Side)

## 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 Thomas J. Gordon

Licensed Embalmer No. 1286

P. O. Address Jefferson City Mo

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

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