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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43112
Registrar's No. 173

FILED JAN 2 1949 6
Registration District No.

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1987 So. English
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr 4 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline Mo
(c) City or town Marshall Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 987 So. English
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1941 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from July 21
1940 to Dec 1 1941
that I last saw him alive on Nov 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Duration 2 yrs.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no Of autopsy no
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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature A. C. Putnam (M. D. or other) _____
Address Marshall Mo Date signed 12-24

3. (a) PRINT FULL NAME EDDIE ROSS SCARBROUGH

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillie H Scarbrough 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept - 16 - 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Scarbrough

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

14. Maiden name Mary Jane

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

16. (a) Informant Floyd Scarbrough

(b) Address Kansas City, Kansas, 1105 Hasbrook

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Com. Co. S. Suit Springs Mo

18. (a) Signature of funeral director Henry Herschberger

(b) Address Marshall Mo

19. (a) 12-2-41 (Date received local registrar) (b) D. E. [Signature] (Registrar's signature)

112 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-19-42

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 Fred Wicknesson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.