

U. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

State File No. **12419**
Registrar's No. _____

FILED MAY 1946
Registration District No. **47**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hosp no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 2 mo 17 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARENCE B SCOBEE

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 mar 1

6. (b) Name of husband or wife Mrs Clarence Scobee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar 14 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>0</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation clerk

MOTHER, FATHER

11. Industry or business _____

12. Name Samuel Scobee

13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

14. Maiden name Dorsey Douglas

15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Picots

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 13 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Mo

18. (a) Signature of funeral director Wm Y. Mauzer

(b) Address 712 Canal St. Fulton, Mo

19. (a) 4-13-1946 (Date received local registrar) (b) Joie Morand (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Merion 14

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

(d) Street No. 1722 Grace St (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1946 hour 12 minute 25 P M.

21. I hereby certify that I attended the deceased from April 10
1946 to April 11, 1946
that I last saw him alive on April 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arterio sclerosis

Due to _____

Other conditions (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? _____

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

Duration 1 hr

3 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Joseph J. Suter (M. D. or other)
Address Fulton Mo Date signed 4/11/46

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-7-46

FEB 24 1947

NOV 13 1946

MAY 9 1946

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 Glen J. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.