

FILED APR 9 1947

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles West of Ashland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles West of Ashland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Deliah Scruggs

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Scruggs 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 17 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Smallwood
13. Birthplace MISSOURI
14. Maiden name Martina Wren
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant George Scruggs
(b) Address Hartsburg Mo

17. (a) Burial (b) Date thereof 2-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Goshen Cemetery

18. (a) Signature of funeral director W. O. Burnett
(b) Address Ashland Mo

19. (a) _____ (b) Mrs. Rose Blacock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1946 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1/1 to 1-31
that I last saw him alive on 1/30
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to _____

Due to _____

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

Major findings: Of operations 46 B
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? _____

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

23. Signature C. P. Megees (M. D. or other)
Address Hartsburg Date signed 1/31/46

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

43774

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 *W²⁰² O. B. Smith*.....

Licensed Embalmer No. *3564*.....

P. O. Address *Island Vt.*.....

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.