

S. No. 2
M-2-43
5-17-39
X38897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12659

State File No. _____

FILED MAY 8 1947

Registrar's No. 161

Registration District No. 77

Primary Registration District No. 3008

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: 209 W. 4th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME John Wesley SCRUGGS

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. ELSA SCRUGGS 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. FEB 5 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 25
If less than one day hr. min.

9. Birthplace CALLAWAY CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name John H. SCRUGGS

13. Birthplace CALLAWAY CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. Schky

15. Birthplace MILLERSBURG. MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. W. SCRUGGS

(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof MAY 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLERSBURG.

18. (a) Signature of funeral director Jean Y. Mann

(b) Address 712 Cent Fulton, Mo

19. (a) May 2, 47 (b) Joan Morosoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
 (c) City or town FULTON
(If outside city or town limits, write "RURAL")
 (d) Street No. 209 W. 4th
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
 year 1947 hour 3 minute 00P M.

21. I hereby certify that I attended the deceased from Mar 1947 to Apr 30 1947
 that I last saw him alive on Apr 30 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 3 mo

Due to Carcinoma Procti 3 yrs.

Due to _____

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

Major findings: Of operations 51B
 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? _____
While at work? (Specify type of place) (e) Means of injury

23. Signature John J. Brown (M. D. or other) MD.
 Address Fulton Date signed 5-2-47

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

MOTHER FATHER

MAY 23 1947

Date Filed
District File Number 6-7-47
District Health Officer No. 9
RECEIVED

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 G. 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.