

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23624**
3268

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio b. COUNTY Harding	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION President Hotel		d. STREET ADDRESS (If rural, give location) 607 Franklin St.	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) R.	c. (Last) Scanlin	4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 14, 1893	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Freight Agent Peoria & Eastern RRR	10b. KIND OF BUSINESS OR INDUSTRY Peoria & Eastern RRR	11. BIRTHPLACE (State or foreign country) Kenton, Ohio	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME John Scanlin	13b. MOTHER'S MAIDEN NAME Margarete Collins	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME John F. Scanlin 2100 Jarvin, Milwaukee, Wisc.	ADDRESS 2100 Jarvin, Milwaukee, Wisc.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Treated for Heart			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION No. brief report	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Rea Blvd	23c. DATE SIGNED 7-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Grove Cemetery	24d. LOCATION (City, town, or county) (State) Kenton, Ohio
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DATE REC'D BY LOCAL REG. 7-28-49	REGISTRAR'S SIGNATURE Steraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE John K. C. C. C.	ADDRESS K. C. C.
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(Licensed Embalmer's Statement on Reverse Side)

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

48
3
8

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David B. Leggett

Licensed Embalmer No.

4973

P. O. Address

111 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.