

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34958**  
Registrar's No. **42**

Registration District No. **176**

Primary Registration District No. **5-65-2**

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

**1. PLACE OF DEATH:**  
(a) County **Lawrence**  
(b) City or town **Phelps Greene**  
(c) Name of hospital or institution: **Res**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Native**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Phelps**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Thomas Marion Scroggins**  
(b) If veteran, name war **70**  
(c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **9** day **28**  
year **1947** hour **11** minute **30 P.M.**  
**21. I hereby certify that I attended the deceased from** **Sept 16**  
19 **1947** to **Oct 28** 19 **47**  
that I last saw him alive on **Oct 26** 19 **47**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ford Scroggins**  
6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **6-18-69**  
(Month) (Day) (Year)

Immediate cause of death **rupture with uremic poisoning**  
Duration \_\_\_\_\_

**8. AGE:**  
Years **78** Months **5** Days **22**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**9. Birthplace** **McGoupon Co. Ark**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired farmer**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Russell Scroggins**

**13. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Leola Sanger**

**15. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Leola Scroggins**  
**(b) Address** **Phelps Mo.**

**17. (a) Burial, cremation, or removal** **Goss**  
**(b) Date thereof** **10-1-47**  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** **Marion Leoma**  
**(b) Address** **Miller Mo.**

**Major findings:**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**19. (a) Date received local registrar** **10-27-47**  
**(b) Registrar's signature** **V.V.S. Bunting**

**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** **L. J. Hoelmer** (M. D. or other) \_\_\_\_\_  
**Address** **Miller, Mo.** **Date signed** **10-1-47**

RECEIVED  
District Health Officer No. 6  
District File Number 1047-1143  
Date Filed OCT 31 1947

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 E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.**