

FILED SEP 7 1949 STANDARD CERTIFICATE OF DEATH

State File No. **26804**

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (in this place) <u>4 mo.</u>		c. CITY OR TOWN <u>Rural, Lesterville Twsp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>White</u> c. (Last) <u>Scudder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 3 1861</u>	
				9. AGE (In years last birthday) <u>88</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	11. UNDER 14 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>grocery</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>wholesale</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John A. Scudder</u>			13b. MOTHER'S MAIDEN NAME <u>Mary White</u>		14. NAME OF HUSBAND OR WIFE <u>Scudder Harriett McKinley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.A. Scudder, 15 Clearmont Lane</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>generalized arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>?</u> <u>?</u> <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>4-18</u> , 19 <u>49</u> , to <u>8-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>49</u> , and that death occurred at <u>1.15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.P.E. Harland M.D.</u> (Degree or title)				23b. ADDRESS <u>118 N. Main Street, Ironton, Mo</u>		23c. DATE SIGNED <u>8-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 26, 1949</u>		REGISTRAR'S SIGNATURE <u>Miss Aida Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton Mo.</u>			

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

RECEIVED 9-2-49

Public Health Officer No. 4

Lab. File Number 949-1155

Date Filed \_\_\_\_\_

SEP 16 1949

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 Lucy White

Licensed Embalmer No. 3012

P. O. Address Montreal, Que.

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.