

JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41957
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Ross Primary Registration District No. 102
 (c) City Panama City Mo. (d) Street No. St. Luke Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Geo. Scott

(a) Residence, No. _____ St. Higginsville Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rebecca McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 11 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Catholic
 9. Industry or business in which work was done, as saw mill, bank, etc. Advanced Newspaper
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Panama Mo.

FATHER 13. NAME Stephen Scott 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. 9

MOTHER 15. MAIDEN NAME Margaret Bamhardt 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perin

17. INFORMANT (ADDRESS) Higginsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 12-28-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Higginsville Mo.

20. FILED Dec 26 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1938

22. I HEREBY CERTIFY That I attended deceased from Dec 25 1938 to Dec 26 1938
 I last saw him alive on Dec 25 1938. Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset 12-24-38
Arteriosclerosis - general & Cerebral
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) P. T. Bohan M. D.
 (Address) 315 Alameda Road K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.