

JAN 12 1940

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

43035  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Cass Registration District No. 156  
(b) Township Grand River Primary Registration District No. 5219 Registered No. 67  
(c) City ..... (d) Street No. .... 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 Mary Ellen Phillips Scott  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OF RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 4 9  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Illinois

FATHER 13. NAME William Seago

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer

MOTHER 15. MAIDEN NAME Emilie Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. John Dea  
R. 3 - Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Eman Mo. DATE 12/16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUNNEN BURGERS  
HARRISONVILLE, MO. 645

20. FILED 12/16 1939 Boedensky Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1939  
22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1939 to Dec 14 1939  
I last saw her alive on Dec 9 1939. Death is said to have occurred on the date stated above, at 5:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Miscel. Degeneration  
Chronic Nephritis  
Date of onset

Other contributory causes of importance: 171

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
If so, specify .....  
(Signed) J. L. Scott M.D.  
(Address) Harrisonville 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.

Dr Scott

(Licensed Embalmer's Statement on Reverse Side)

**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 Ernest Remmeltberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

**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.**