

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **53**

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

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether)

In this community
years, months or days **27 1/2**

3. (a) PRINT FULL NAME: **Scott, DONALD LEROY**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex: **MALE** **5. Color or race:** **white** **6. (a) Single, widowed, married, divorced:** **Infant**

6. (b) Name of husband or wife: _____ **6. (c) Age of husband or wife if** alive _____ years

7. Birth date of deceased: **March 9, 1939**
(Month) (Day) (Year)

8. AGE: Years **0** Months **10** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace: **Shelbourn, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **none**

11. Industry or business: **1**

MOTHER FATHER

12. Name: **Arthur L. Scott**

13. Birthplace: **Bedford, Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name: **Estland F. Hensley**

15. Birthplace: **Bedford, Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Arthur L. Scott**

(b) Address: **Sheridan, Mo.**

17. (a) ~~Funeral home~~ (b) Date thereof: **Jan 17, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Leadern, Mo.**

18. (a) Signature of funeral director: **Long & Boyd**

(b) Address: **Sheridan, Mo.**

19. (a) ~~Jan 16, 1940~~ (b) ~~W. G. Matthews~~
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Sheridan Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ **Rural**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **16**
year **1940** hour **1** minute **55** A. M.

21. I hereby certify that I attended the deceased from **Jan 15, 1940**, to **Jan 16, 1940**
that I last saw him alive on **Jan 15, 1940**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Intussusception (Intestinal Obstruction)**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death): **none**

Duration **4 da**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy: **Intussusception of Ileum**

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? _____

35 While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: **W. Roger Moore M.D.**
Address **St Joseph Mo** Date signed **1/16/40**

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 D. Foy

Licensed Embalmer No. 2735

P. O. Address Cheriton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.