DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2156

Registration District No. 212 FILED FEB 12 1940 Primary Registration District No. 5292 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 200
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MRS. BELVA SCOTT.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H. A. Scott.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1904 (Year)

8. AGE: Years 35 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Brazils (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Home Wife
11. Industry or business
FATHER
12. Name Hiram Jenkins
13. Birthplace Miller Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Anna Williams
15. Birthplace Miller Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature H. A. Scott
(b) Address Henley Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Hill Cem
18. (a) Signature of funeral director [illegible]
(b) Address Russellville Mo.
19. (a) Jan 20, 40 (Date received local registrar) (b) Mrs. T. L. Glover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1940 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Coroner's Case, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Deceased shot herself with a 22 Rifle through
Due to Left Chest.
Due to —
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) ~~Accident~~, suicide, or ~~homicide (specify)~~ Suicide
(b) Date of occurrence January 20, 1940
(c) Where did injury occur? Cole County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? (e) Means of injury Shot herself
23. Signature Frank J. Nichols, Coroner. (M. D.)
Address Mokane, Mo. Date signed 1-21-40

(Licensed Embalmer's Statement on Reverse Side)

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 Roy D. Steffens, Registered Apprentice No. ..... working under my personal supervision.

Signed Roy D. Steffens

Licensed Embalmer No. 4022

P. O. Address Russellville, M

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

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