V. S. No. 2
50M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5998

Registration District No. 8540 FILED MAR 1 1940

Primary Registration District No. 1001

Registrar's No. 208

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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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 1201 S. 8th St.
(If rural, give location)

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

8. (a) PRINT FULL NAME Clara Ellen (Anderson) Scotch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter Scotch Jr.

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November (Month) 30 (Day) 1888. (Year)

8. AGE: Years 51 Months 2 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Weeping Water (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Burns
13. Birthplace Dublin (City, town, or country) Ireland (State or foreign country)

MOTHER
14. Maiden name Ellen Stephens
15. Birthplace Agency (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Peter Scotch Jr.
(b) Address 1201 S. 8th St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman Wm. Schulz Jr.
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 2/23/40 (Date received by local registrar) (b) N. J. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th year 1940 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sep 20, 1939 to Feb 20, 1940; that I last saw her alive on Feb 20, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis — Duration 14 days

Due to Carcinoma of liver ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
(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? (Specify type of place)
(e) While at work? (e) Means of injury

23. Signature H. Allaman (M. D. or other)
Address Cameron Mo. Date signed 2-23-40

(Licensed Embalmer's Statement on Reverse Side)

Robert P. Clarkson

4028

1802 Union, St. Joseph, Mo.