Dr. Prissnell, Sikeston, Mo

S. No. 2
I—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19027

Registration District No. 667 Primary Registration District No. 5767 Registrar's No. 24

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

1. PLACE OF DEATH:
(a) County Mississippi
(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 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 8 miles S.E. of East Prairie, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALBERT SCOTT 300

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓ None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased March (Month) 21 (Day) 1876 (Year)

8. AGE: Years 64 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Middle Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business

FATHER
12. Name Dick Scott
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jessie Archie
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Arlie Scott
(b) Address East Prairie, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sugartree Ridge

18. (a) Signature of funeral director Travis N. Shelby
(b) Address East Prairie Mo

19. (a) May 6-1940 (Date received by local registrar) (b) Mrs D M Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1940 hour 9 minute 15 a. m.

21. I hereby certify that I attended the deceased from April 21, 1940 to May 4, 1940 that I last saw him alive on April 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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)
While at work? (e) Means of injury

23. Signature Geo H Prissnell (M. D. ~~or other~~)
Address Sikeston Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 640-114
Date Filed 6/13/40

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie Mo

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.