

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19200**

Registration District No. **668**

Primary Registration District No. **3092**

Registrar's No. **167**

FILED JUN 13 1940

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
 (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) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 31 years (Specify whether)
 years, months or days)

3. (a) PRINT FULL NAME Charles Hilary Scott

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 Married

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

7. Birth date of deceased: August 23, 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>8</u>	hr. _____ min.

9. Birthplace Washington County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation farmer - Retired

11. Industry or business 9

12. Name Unknown 9

13. Birthplace U.S.A. (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace U.S.A. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Scott

(b) Address 906 West 20th, Sedalia, Mo

17. (a) Burial (b) Date thereof May 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Duane Garing

(b) Address Sedalia

19. (a) 5-3-40 (b) Mrs. Harry Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia (If outside city or town limits, write "RURAL")
 (d) Street No. 906 W 20th (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1940 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1 '10
1940 to May 1, 1940;
that I last saw her alive on May 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Cerebral arterio-sclerosis

Due to 95C
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy _____
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) none
(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?
906 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Chas. Garing (M. D. or other)
Address 112 West 20th St Sedalia Mo Date signed MAY 2 1940

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-14-40

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, Mo.

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.