

Registration District No. 5762

Primary Registration District No. 5762

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rt. 2. East Prairie, Mo.
(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 7 mo.
In this community 7 mo. years, months or days

8. (a) PRINT FULL NAME Tommy Scott
300
3. (b) If veteran, name war X X X
8. (c) Social Security No. X X X

4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X X X
6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased Dec. 23 1938
(Month) (Day) (Year)

8. AGE: Years 1 Months 6 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Frazier Station Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business Baby

12. Name Willie Scott

13. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Lilly Herbert

15. Birthplace Robinsville Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant R.E. Dilatush

(b) Address Rt. 2. East Prairie, Mo.

17. (a) Burial (b) Date thereof 7-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charlston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Mo.

19. (a) 7-5-40 (b) J. J. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Rt. 2. East Prairie,
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1940 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from June 30, 1940 to July 1, 1940
that I last saw him alive on June 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septic enteritis
Colitis

Due to _____

Due to _____

Other conditions 1190

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

(e) While at work? 375 (Specify type of place)

(f) Means of injury _____

23. Signature Howard M. Mundy (M. D. or other) 1

Address Charleston Mo Date signed 7/3/40

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

JUL 29 1941

RECEIVED

District Health Officer No. 2

District File Number 840-127

Date Filed 8/2/40

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.