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FILED SEP 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28808

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1602 Ohio 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1602 Ohio (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME JOHN OLIVER SCOTT 300

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

7. Birth date of deceased November 6 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mined

11. Industry or business _____

MOTHER FATHER

12. Name Ellis Scott

13. Birthplace Rolla Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Austin

15. Birthplace Austin Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Death

(b) Address 1602 Ohio

17. (a) Burial (b) Date thereof Aug 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cemetery

18. (a) Signature of funeral director Lauffer Mortuary

(b) Address 1502 Joplin St Joplin Mo

19. (a) 8-23-40 (b) Ed D Jasper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1940 hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him dead alive on Aug 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Black

Due to _____
Due to _____ 95%

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy View

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? 372

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

23. Signature H. W. Winchester (M. D. or other) 5
Address Joplin Mo. Date signed 8-22-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40-9-283

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

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address *Japhin*

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

If this body is not embalmed, fact should be so stated above.