

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

FILED SEP 23 1940 29098

Registration District No. 548 Primary Registration District No. 5740 Registrar's No. 43

1. PLACE OF DEATH: Marion Liberty, Mo.  
(a) County Marion  
(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 2  
In this community 82 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Francis Milton 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 Widowed  
6. (b) Name of husband or wife Eliza Ann Scott 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased June 18 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Wilfred Scott  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. Godman  
15. Birthplace Marion county, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara J. Spive  
(b) Address Almyra, Mo.

17. (a) Burial (b) Date thereof 8/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Almyra, Mo.

18. (a) Signature of funeral director Lewis Brown  
(b) Address Almyra Mo.

19. (a) Aug. 23-1940 (b) Centuridee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
year 1940 hour 5 minute 30 a. M.  
21. I hereby certify that I attended the deceased from Oct 3-7  
\_\_\_\_\_ 1940, to \_\_\_\_\_ 1940

that I last saw him alive on Aug 22 1940  
and that death occurred on the date and hour above.

Immediate cause of death General aortic body  
Duration \_\_\_\_\_

Due to Paralytic Agitation  
6-7 yrs duration  
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? \_\_\_\_\_

100  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. O. Rose (M. D. or other) MD.  
Address Almyra Mo. Date signed \_\_\_\_\_

**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 the above constitutes grounds for revocation of license.)**

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