

3-40  
7-39  
X23150

NOV 15 1940

Registration District No. 213

Primary Registration District No. 3014

State File No. \_\_\_\_\_

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 5 yr. 9 mon. 19 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town R. F. D. Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles west Jeff City, Mo  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Delmar Scott, Jr.

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 7, 1935  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
5	9	19	hr. _____ min. _____

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

10. Usual occupation At home.

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

12. Name Delmar Scott, Sr.

13. Birthplace Eldon, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alpha Marie Miller

15. Birthplace Miller County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Delmar Scott, Sr.

(b) Address R. F. D. 1, Jeff City, Mo.

17. (a) burial (b) Date thereof Oct. 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olean, Missouri

18. (a) Signature of funeral director J. A. Cassman

(b) Address Jefferson City, Missouri

19. (a) 11-1-40 (b) Dr. Besford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 20, 1940 to October 26, 1940 that I last saw him alive on October 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Acute Nephritis 10-24-40

Due to Diphtheria 10-17-40

Other conditions Blood Chem  
(Include pregnancy within \_\_\_\_\_ months of death)

Major findings: Of operations N.P.N 103mgm 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature J. A. Cassman (M. D. or other) M.D.

Address Jefferson City Date signed 10-28-40

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

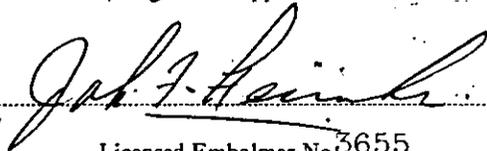
MOTHER FATHER

**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. 3655

P. O. Address Jefferson City, 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, fact should be so stated above.**