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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36583

Registration District No. 849 | Primary Registration District No. 61143 | Registrar's No. 33

1. PLACE OF DEATH:
(a) County Sullivan
(b) ~~City or town~~ Rural Penn Township
(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 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Rural
(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.

3. (a) PRINT FULL NAME Edward Wilburn 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 Rosa Scott
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May (Month) 12 (Day) 1871 (Year)
8. AGE: Years 69 Months 5 Days 7 If less than one day ____ hr. ____ min.
9. Birthplace Near Green City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer 0
11. Industry or business Farm 1
MOTHER FATHER
12. Name George W. Scott
13. Birthplace Clark Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sarah Jane Davidson
15. Birthplace Morgan County (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Rosa Scott
(b) Address Green City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green City Cemetery
18. (a) Signature of funeral director Glenn E. Kerr
(b) Address Green City Mo.
19. (a) Oct 31-1940 (Date received local registrar) (b) Virginia Gibson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1940 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from Many Years 19__ to Oct 19 1940 19__; that I last saw him alive on Oct 17 1940 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Valvular Disease of the Heart.
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature ✓ (M. D. or other) ✓
Address GREEN CITY, MO. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2020
Date Filed NOV 8 1940

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City Mo

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.