V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FEB 14 1941

State File No. 2521

Registration District No. 293 Primary Registration District No. 5411 Registrar's No.

36
0
0

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

1. PLACE OF DEATH:

(a) County Franklin

(b) ~~City or town~~ (RURAL) Boles 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 ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Rural--Robertsville,Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 Robertsville,Mo. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME ELIZA SCOTT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Morris Scott

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

7. Birth date of deceased March (Month) Unkown (Day) Unkown (Year)

8. AGE: Years ABOUT 87 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Unkown
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Marcia Scott
(b) Address Robertsville,Mo RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Run Cemetery

18. (a) Signature of funeral director Joe L. Thieber
(b) Address Pacific,Mo.

19. (a) 1-14-41 (Date received local registrar) (b) Mary B Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1941 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 15, 1941, to Jan 13, 1941
that I last saw her alive on Jan 13, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 years
Due to Arteriosclerosis	6 years
Due to ✓	
Other conditions None (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)
2 66
While at work? ✓ (e) Means of injury ✓

23. Signature Henry E. Bartling (M. D. or other) D
Address Pacific Mo Date signed 1-13-41

(Licensed Embalmer's Statement on Reverse Side)

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 Jno L Hicks

Licensed Embalmer No. 3008

P. O. Address Pacific, 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, above space should be left blank.