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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10933

Registration District No. 401 Primary Registration District No. 3556 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mon. Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Pleasant Hill, Mo.
(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.? 0 years

3. (a) PRINT FULL NAME: Daniel Peck Scott
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____
4. Sex: Male 0
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hattie E. Scott
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Feb. (Month) 22 (Day) 1862 (Year)
8. AGE: Years 79 Months 1 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace: Fleming Co. (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
MOTHER FATHER
12. Name: Daniel N. Scott
13. Birthplace: ____ (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Isabel H. Dansley
15. Birthplace: ____ (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Mrs. Hattie E. Scott
(b) Address: Pleasant Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill
18. (a) Signature of funeral director: D. P. Nofsinger
(b) Address: Pleasant Hill, Mo.
19. (a) April 9, 1941 (Date received local registrar) (b) Vernie E. Yantes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar. 17, 1941, to Mar. 24, 1941, that I last saw him alive on Mar. 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis — Duration 6 days
Ch. myocarditis
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? ____ While at work? ____ (Specify type of place) (e) Means of injury: ____

23. Signature: F. C. Murray M.D. (M. D. or other) 0
Address: Pleasant Hill, Mo. Date signed 3/25/41

(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 D. R. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill

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

If this body is not embalmed, above space should be left blank.