

Registration District No. **1101 APR 15 1941**

Primary Registration District No. **5570**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural - Rural Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Rt. 1, Dorrigo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **50 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Route 1 - Dorrigo**
(If outside city or town limits, write "RURAL")
(d) Street No. **(Rural) Rural**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **NANCY RADFORD SCOTT**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
7. Birth date of deceased **May 31 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **6** If less than one day **-** hr. **-** min.

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

10. Usual occupation **At Home**

11. Industry or business **None**

12. Name **Alexander Allen Foley**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Henson**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edyth Kellen**

(b) Address **Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 8, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stafford Cemetery**

18. (a) Signature of funeral director **Walter M. ...**

(b) Address **Carthage, Mo.**

19. (a) **Mar 6 - 1941** (b) **Charles R. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **March** day **Fourth**
year **1941** hour **1 AM** minute **-** M.

21. I hereby certify that I attended the deceased from **Feb - 27**, 1941, to **March 4**, 1941;

that I last saw him **alive** on **19**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **g. v. h.**

Due to

Other conditions **g. v. h.**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

573 (Specify type of place) (b) Means of injury **41**

23. Signature **W. H. ...** (M. D. or other) **100**

Address **Carthage, Mo.** Date signed **3/6/41**

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

49
00

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-4-409.

FEB 2 1957

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 *Lucy Kneel-Buchwalter*

Licensed Embalmer No. *2510*

P. O. Address *Canthage, 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.