

2
3-40
7-39
X23159

FILED SEP 5 1941

State File No.

Registration District No. 78

Primary Registration District No. 5144

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Calderwell

(b) City or town Kingston Sup - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Calderwell

(c) City or town Rural - Kingston Sup.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 0

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

3. (a) PRINT FULL NAME James William Scott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1941 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 20, 1939, to Aug 4, 1941
that I last saw him alive on Aug 4, 1941
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased May 29 1857.
(Month) (Day) (Year)

Immediate cause of death: Myocarditis Acute Duration 6 days

Due to do not know

Due to _____

8. AGE: Years Months Days If less than one day

85 2 5 _____ hr. _____ min.

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

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: 950

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John J. Scott

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Matilda Jane

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Shas E Burnett 1

(b) Address Edingston 2116

17. (a) Burial (b) Date thereof Aug 5th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Cemetery

18. (a) Signature of funeral director Carson Clark

(b) Address Kingston, Missouri

19. (a) August 5 - 1941 (b) Mrs Ruth Hill
(Date received local registrar) (Registrar's signature)

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 J. H. Wilson (M. D. or other) MD

Address Preu Date signed _____

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

000

1300

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

Cramer Clark

Registered Apprentice No.

working under my personal supervision.

Signed

Cramer Clark

Licensed Embalmer No. *3257*

P. O. Address. *Kingston Md*

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.