No

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28697

Registration District No. 460 — Primary Registration District No. 4274 — Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West 16th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 0.54

(c) City or town Higginsville (If outside city or town limits, write "RURAL") 1

(d) Street No. W. 16th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ——

3. (a) PRINT FULL NAME James Robert Scott

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

4. Sex Male 2 — 5. Color or race Col — 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widow 2

6. (b) Name of husband or wife —— 6. (c) Age of husband or wife if alive —— years

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

8. AGE:	Years	Months	Days	If less than one day
66	66	2	21	..... hr. ..... min.

9. Birthplace Paynesville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farm hand

11. Industry or business Farming

FATHER
12. Name Jack Steel
13. Birthplace Paynesville (City, town, or county) Missouri (State or foreign country) 0

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

16. (a) Informant .....
(b) Address .....

17. (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof Aug 24 '41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. Hebron

18. (a) Signature of funeral director Green & Sons
(b) Address Lexington, Missouri

19. (a) 9-5-41 (Date received local registrar) (b) Tiffany Wells (Registrar's signature)

413

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 21 1941 19..., to ..... 19...; that I last saw h Did not see him alive and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration of foreign body Cardiac failure

Due to ——

Due to .....

Other conditions Hypertensive Cardio vascular disease (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

93d

Duration

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 C. J. Jessell (M. D. or other) C
Address Higginsville Mo Date signed Aug 22 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-10-41
Date Filed

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Lexington, Me.

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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28697

Registration District No. 460 Primary Registration District No. 4274 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Higginsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. 16th -
(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:
(a) State ... (b) County ...
(c) City or town ... (If outside city or town limits, write "RURAL")
(d) Street No. ... (If rural, give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3. (a) PRINT FULL NAME James R. Scott
3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased ... (Month) (Day) (Year)
8. AGE: Years 66 Months 2 Days ... If less than one day ... hr. ... min.
9. Birthplace ... (City, town, or county) ... (State or foreign country)
10. Usual occupation ...
11. Industry or business ...
MOTHER FATHER
12. Name ...
13. Birthplace ... (City, town, or county) ... (State or foreign country)
14. Maiden name ...
15. Birthplace unknown - (City, town, or county) ... (State or foreign country)
16. (a) Informant R. C. Chum
(b) Address Higginsville
17. (a) ... (Burial, cremation, or removal) (b) Date thereof ... (Month) (Day) (Year)
(c) Place: burial or cremation ...
18. (a) Signature of funeral director ...
(b) Address ...
19. (a) Oct. 8-1941 (Date received local registrar) (b) T. Higginsville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 27 year 1941 hour ... minute ... M.
21. I hereby certify that I attended the deceased from ... 19... to ... 19...; that I last saw him alive on ... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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)
(b) 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 ... Date signed ...

S-28697