DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1941

Registration District No. 28

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34205

Primary Registration District No. 3002

Registrar's No. 158

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

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: Mexico N.T.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Home~~ 920-E Lafayette St.
(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: life - ~~[illegible]~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain

(c) City or town: Mexico
(If outside city or town limits, write "RURAL")

(d) Street No.: 920 E. Lafayette
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Fred Lee Scott

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: negro M

5. Color or race: negro

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

6. (b) Name of husband or wife: ~~[illegible]~~

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

7. Birth date of deceased: January 26, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
--	7	22	..... hr. ..... min.

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

10. Usual occupation: child

11. Industry or business .....

FATHER
12. Name: Merle Scott
13. Birthplace: Mexico, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Maggie Luo
15. Birthplace: Santa Fe, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Merle Scott
(b) Address: Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Mexico Mo

18. (a) Signature of funeral director: [illegible]
(b) Address: Mexico, Missouri

19. (a) Sept 19-41 (Date received local registrar) (b) B Blanche Keely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 18
year: 1941 hour: 8 minute: 40 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h. ..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coroner verdict - He came to his death from natural causes unknown.	/
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: Ez. Burton Coroner (M.D. or other) 3
Address: Mexico Mo Date signed 4/19/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1926
Date Filed OCT 24 1941

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 [illegible]

Licensed Embalmer No. 3569

P. O. Address [illegible]

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. 34205

Registration District No. 26 Primary Registration District No. 3002 Registrar's No.

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: (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 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: Fred L. 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: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan 26, 1941 (Month) (Day) (Year)
8. AGE: Years Months 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 (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 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: Coroners Verdict He came to his death from natural causes	
Due to: unknown.	
Due to: this elied was neglected and had stomach trouble and probably could not take or get proper food.	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 1/8
Of autopsy: 1/28

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: Ey Benton, Coroner (M. D. or other)
Address: Neosho, Mo. Date signed: 12/14/41

SUPPLEMENTARY