S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34984

Registration District No. 318 — Primary Registration District No. 5440 — Registrar's No. 853

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

9 0 0

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural Campbell (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rt.9 Springfield, Mo. / (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 Two Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town ~~Springfield~~ Rural Camp. 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. Rt.9 (If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME Nathalie Scott

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F M/

5. Color or race White

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

6. (b) Name of husband or wife W.W.Scott

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. (Month) 19 (Day) 1892 (Year)

8. AGE: Years 49 Months 8 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation House wife

11. Industry or business ____

FATHER 12. Name R.H.Woodall

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

MOTHER 14. Maiden name Flora Archer

MOTHER 15. Birthplace Unknown (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Mrs. Tom Hancock

(b) Address Waco, Tex.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24,1941 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 629 W.Walnut, Springfield, Mo.

19. (a) 10-24-41 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

(Licensed Embalmer) (Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1941 hour 4 minute -- P.M.

21. I hereby certify that I attended the deceased from Oct 10 1941 to Oct 23 1941; that I last saw him alive on Oct 23 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Cholecystitis	1 yr.
Due to Infection of Gall Bladder	
Due to gall stones not found	
Other conditions (Include pregnancy within 3 months of death) Gastritis Vomiting	2 wks

Major findings:
Of operations 2
Of autopsy 127a

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 S.T. Freeman (M.D. or other)

Address Springfield, Mo Date signed 10/24/41

OCT 9 1952 6100

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield, 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.