. No. 2
—1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35806

Registration District No. 701 Primary Registration District No. 70422 Registrar's No. 872

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Bolivar Twp. (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: n.a. (Specify whether years, months or days) In this community: life

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Polk Co

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

(d) Street No.: East ~~Position~~ 21 / (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Charles Freemont Scott

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

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Grace

6. (c) Age of husband or wife if alive: ~~[illegible]~~ years

7. Birth date of deceased: November (Month) 2 (Day) 1856 (Year)

8. AGE: Years 84 Months 11 Days 19 If less than one day hr. min.

9. Birthplace: Argyle Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation: farmer retired

11. Industry or business:

FATHER 12. Name: Henry Scott

13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Devil

15. Birthplace: New York (City, town, or county) (State or foreign country)

16. (a) Informant: Grace Scott

(b) Address: Bolivar Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Hutchison & Co.

(b) Address: Bolivar Missouri

19. (a) 10/23/ (Date received local registrar) (b) J. E. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 21 year: 1941 hour: 6 minute: a M.

21. I hereby certify that I attended the deceased from Oct 11, 1941, to Oct 21, 1941; that I last saw him alive on Oct 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to: Hypertension	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death): /	
Major findings: Of operations: 830	
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) 0

While at work? (e) Means of injury:

23. Signature: E. B. Freeman (M. D. ~~or other~~)

Address: Bolivar Date signed: 10-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-41-1889
Date Filed 11-13-41

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 Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Bolivar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.