

DEC 29 1941

Registration District No. 78

Primary Registration District No. 5115BE

Registrar's No. 20

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Rural - Ma Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Columbia R.R.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Mo
(Specify whether) entire life
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No: Columbia R.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: WARWICK MARTIN SCOTT

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Not known 6. (c) Age of husband or wife if alive: Unknown

7. Birth date of deceased: Oct 8 1846
(Month) (Day) (Year)

8. AGE: Years 95 Months 0 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: Boone County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: _____

12. Name: Robert Eugene Scott

13. Birthplace: Orange City N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name: Ann DeLand

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

16. (a) Informant: Mrs. S. W. Long

(b) Address: Columbia Mo

17. (a) Burial (b) Date thereof: Nov 2 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Columbian Cem

18. (a) Signature of funeral director: Staskieja

(b) Address: Columbia Mo

19. (a) 11/28/41 (b) Mary M. Angell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st year 1941 hour 3 A.M. minute _____

21. I hereby certify that I attended the deceased from Jan 1st 1940 to Oct 31 1941

that I last saw him alive on Jan 1st 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Sexuality

Due to: _____

Other conditions: 830
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: _____

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? Died at home suddenly

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: Logg Simpson (M. D. or other) _____

Address: Columbia Mo Date signed: 11-1-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
0
0

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 _____

Licensed Embalmer No. 4132

P. O. Address. Columbia, 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, above space should be left blank.