

JAN 13 1942 73
Registration District No. 17-5

Primary Registration District No. 5240

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

1. PLACE OF DEATH:

(a) County Chariton, Maryland Twp.

(b) City or town Prairie Hill R.R.
(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)

In this community 65 years
years, months or days

3. (a) PRINT FULL NAME Elizabeth Julia Scotten

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 21 1955
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Chariton County
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Archie Warhouse

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

14. Maiden name Matthae Morgan

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

16. (a) Informant Mr. Raymond Scotten

(b) Address Salisbury, Mo. R.R.

17. (a) Burial (b) Date thereof Dec 29 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Ashbury Chapel

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntwell, Mo.

19. (a) 12/30/41 (b) R. A. Gehring
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town R.R. Prairie Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Wayland Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1941 hour 12 minute noon A.M.

21. I hereby certify that I attended the deceased from July 10, 1938, to Dec 25, 1941; that I last saw her alive on Dec 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of left popliteal artery Duration 2 days

Due to chronic myocarditis 3 yrs

Due to generalized arteriosclerosis ?

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations 93d

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. L. Harrison (M. D. or other) MS

Address Salisbury Mo Date signed 12-30-41

RECEIVED

District Health Officer No. 8,
District File Number
Date Filed 1-9-42

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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, 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, fact should be so stated above.