

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 483

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Thomas Milton Scott

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race color. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ada Scott 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 8, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 7 15  
hr. min.

9. Birthplace Paris Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Willie Scott  
13. Birthplace Decataursville, Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Scott  
(b) Address Poplar Bluff Mo.

17. (a) Burial (b) Date thereof Dec. 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Poplar Bluff

18. (a) Signature of funeral director Watkins  
(b) Address Dexter Mo.

19. (a) #1-4-41 (b) Belle Kinne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits write "RURAL")  
(d) Street No. 1812 Robertson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23  
year 1941 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Nov 1, 1941, to Dec 23, 1941;  
that I last saw him alive on Nov 1, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Co.  
Large tumor mass in  
Region of RT Kidney  
Due to unknown Duration 3 mo

Due to \_\_\_\_\_  
Other conditions 52a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none  
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? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
23. Signature W. B. ... (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo. Date signed Jan 3, 42

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

2  
67

RECEIVED

District Health Office No. 2,

District File Number 142-118

Date Filed 1-27-42

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**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. ....

P. O. Address.....

**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.**