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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3013

FILED FEB 16 1947

Registration District No. 007

Primary Registration District No. 4358

Registrar's No. 13

1. PLACE OF DEATH:
(a) County NEW MADRID
(b) City or town NEW MADRID
(c) Name of hospital or institution No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 50 years
In this community About 50 years
years, months or days

3. (a) PRINT FULL NAME HENRY Scott
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex M 5. Color or race C
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife about
6. (c) Age of husband or wife if alive 1962 years
7. Birth date of deceased About (Month) 1962 (Day) 1962 (Year)

8. AGE: Years About 80 Months Days If less than one day hr. min.

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

10. Usual occupation No

11. Industry or business unk

MOTHER FATHER { 12. Name unk 9
13. Birthplace unk (City, town, or county) (State or foreign country) 9
14. Maiden name unk
15. Birthplace unk (City, town, or county) (State or foreign country) 9

16. (a) Informant G. L. Gladney
(b) Address New Madrid, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Community

18. (a) Signature of funeral director No (Country)
(b) Address No

19. (a) Jan 20 1947 (Date received local registrar) (b) Alice Spittler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town New Madrid (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16
year 1947 hour 6:00 minute P. M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Old age (By record) Myocarditis
Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 1628

PHYSICIAN
Major findings: Of operations 1628
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Leo Hedgworth, Deputy Coroner
Address New Madrid, Mo. Date signed 1-16-47

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

RECEIVED
District Health Office No. 2,
District File Number 2-42-196
Date Filed 2-10-42

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 Mo.....

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.