

FILED FEB 16 1942

Registration District No. 126

Primary Registration District No. 4432

Registrar's No. 762

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

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(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 lifetime
years, months or days)

3. (a) PRINT FULL NAME Dana Scott

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

7. Birth date of deceased March 14th 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Harrison Epperson

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

14. Maiden name Susan St. Clair

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

16. (a) Informant Mrs. Neal Evans

(b) Address Oakwood, Missouri

17. (a) Burial (b) Date thereof Jan-16-'42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director O. W. Small

(b) Address New London, Missouri

19. (a) 1-19-42 (b) R. S. Aubrey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(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 January day 14
year 1942 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 1942, to _____, 1942

that I last saw her alive on Jan 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis

Due to _____

Due to _____

Other conditions Hernia
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. P. Waters (M. D. or other) _____

Address New London Mo Date signed 1-19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number

2-43-236
FEB 12 1942

Date Filed -----

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

Michael J. Donnell

Licensed Embalmer No.

3246

P. O. Address

Humboldt

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.