

S. No. 2
1-1-4-41
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4026

State File No.

FILED FEB 12 1942

Registration District No. 988

Primary Registration District No. 6222

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(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 52 years (Specify whether years, months or days)
In this community 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME James Leeper Scott

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clementina Scott 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Feb 29 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 23 hr. min.

9. Birthplace North Ireland 4 Foreign
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business.....

MOTHER FATHER { 12. Name George Scott
13. Birthplace North Ireland 4 Foreign
(City, town, or county) (State or foreign country)
14. Maiden name Jane Leeper
15. Birthplace North Ireland 4 Foreign
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James L. Scott

(b) Address Mountain Grove Mo

17. (a) 100 Burial Grove (b) Date thereof Jan. 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove Mo

18. (a) Signature of funeral director George Stapp

(b) Address Mountain Grove Missouri

19. (a) 2-7-42 (b) Ruby H. Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1942 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 1/20/42 to 1/22/42
that I last saw her alive on 1/20 and that death occurred on the date and hour stated above.

Immediate cause of death Flu Duration

Due to.....

Due to..... 330

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

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

23. Signature R. A. Ryan (M. D. or other)

Address Missouri Date signed 1/24-42

RECEIVED

District Health Officer No. 6,

District File Number 242-211

Date Filed FEB 11 1942

MAR 20 1942

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. 3161

P. O. Address 17th Street NW

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.