

FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6956

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
122 Bois de'Arc
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 69 Years
years, months or days)

3. (a) PRINT FULL NAME

Mary Scott

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joe 6. (c) Age of husband or wife in years _____

7. Birth date of deceased Oct, 3, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 14 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Unknown

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

14. Maiden name Rachel Stemmons

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

16. (a) Informant Earl Scott

(b) Address Carthage Mo.

17. (a) Burial (b) Date thereof Feb 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Feb 23 1942 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 122 Bois de'Arc St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1942 hour 3⁰⁰ minute 4 M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____;
that I last saw did not see her alive alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to 9/4 a

Other conditions 9/4 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 Coronary

23. Signature R. H. Webster (M. D. or other) _____

Address Carthage Mo. Date signed Feb 21

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

29
1
3

MOTHER FATHER

13 03

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 *John D Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage, Mo*

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.