

FILED MAR 24 1942

Registration District No. _____

Primary Registration District No. 5800

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Hickman Mo.
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town 2 miles E. of Matthews Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Mae Scott

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

4. Sex FS 5. Color or race C 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 12 31 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

9. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Milton Scott
13. Birthplace _____ Ark. (City, town, or county) (State or foreign country)
14. Maiden name Willie B. Smith
15. Birthplace Proctor Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Vivian Raiford
(b) Address Matthews Mo. R. #. 2 Bx137

17. (a) Burial (b) Date thereof 1/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director Hunter Allister
(b) Address Sikeston Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
year 1942 hour 8 minute _____ a.m.

21. I hereby certify that I attended the deceased from 12-31-1941 to 1-2-1942
that I last saw her alive on 1-2-1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Aspiration pneumonia due to a physical blow
Due to _____

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

Major findings: Of operations no / 161a
Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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 0

23. Signature M. G. Anderson (M. D. or other) _____
Address Sikeston Mo. Date signed 1-3-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold Albritton

Licensed Embalmer No. 4210.....

P. O. Address..... Sikeston 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.

Registration District No. 345

Primary Registration District No. 5800

Registrar's No. 19

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Mathews
(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 1 Day
years, months or days)

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

4. Sex Female 5. Color or race Negrd 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Scott, William Smith 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan. 1 1942
(Month) (Day) (Year)

8. AGE: Years Months Days 1 If less than one day
.....hr.....min

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

10. Usual occupation Farmer INFANT

11. Industry or business.....

MOTHER FATHER { 12. Name Milton Scott
13. Birthplace Lealey Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Willie B. Scott
15. Birthplace Proctor Ark
(City, town, or county) (State or foreign country)

16. (a) Informant The Father, Milton Scott
(b) Address Route 2 #137

17. (a) Burial (b) Date thereof Jan. 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director Rev. Kimble

(b) Address Route 2 Mathews Mo.

19. (a) Jan. 4, 1942 (b) Alice Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Mathews
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 #137
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1942 hour 9 A.M. minute..... M.

21. I hereby certify that I attended the deceased from the 1 Day Jan. 1 A.M.
1942 to 7:15 Clock A.M. 1942
that I last saw her... alive on Jan. 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bled to Death Duration

Due to The shrinkage of the Cord. And it was cored 4 times.
Due to.....

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 Jan. 2, 1942

(c) Where did injury occur? Mathews, New Madrid, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the home.
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Respiria Giff M. D. or other Midwife
Address Route 2 #154 Date signed 2/2/42

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

Big Prairie

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Vertical text on the left margin, possibly a name or address.

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STATEMENT BY LICENSED EMBALMER

was not embalmed.

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, fact should be so stated above.