

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS

FILED APR 23 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 373

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1823 N 2nd St  
(If not in hospital or institution, write street number or location) 1 month  
(d) Length of stay: In hospital or institution fifty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 Main (If rural, give location) no  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Thomas Scott

(b) If veteran, name war none

(c) Social Security No. none

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 15. 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 38  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Social Security Records

(b) Address Community Hall

17. (a) Burial (b) Date thereof 4-9-42  
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)  
City Cemetery

(c) Place: burial or cremation Tracy Barry Funeral Home

18. (a) Signature of funeral director 218 South 10th St

(b) Address \_\_\_\_\_

19. (a) 47-42 (b) Rae Hering  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1942 hour 3 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from March 3, 1942 to March 28, 1942  
that I last saw him alive on March 28, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Bronchitis Duration 6 weeks

Due to arteriosclerosis 15 years

Due to \_\_\_\_\_

Other conditions 106 lb  
(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? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) \_\_\_\_\_

(e) Means of injury ✓

23. Charles J. Kerner (M. D. or other) 0  
Address 321 Kirkpatrick Bldg Date signed 4-2-1942

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

011  
1  
7

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**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.....

*Victor J. Barry*

Licensed Embalmer No. *4212*

P. O. Address. *Saint Joseph 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.**