V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

Registration District No. 308

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 11241

Registrar's No. 35-

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

59
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1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day 0 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe 059
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #5 000
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Infant Scholl (Not Named)
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 19 (Day) - 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace: Chillicothe Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Otto Scholl
13. Birthplace: Raven Den Ark. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Millie Blunt
15. Birthplace: Black Rock Ark. (City, town, or county) (State or foreign country)
16. (a) Informant: Livingston County Court
(b) Address: Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery
18. (a) Signature of funeral director: F A Meinershagen
(b) Address: Chillicothe Mo
19. (a) March 20 1942 (Date received local registrar) (b) Lou Ella Corry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 19, 1942 to March 20, 1942 that I last saw him alive on March 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: M Laird (M. D. or other) MD
Address: Chillicothe Mo Date signed 3/20/42

T 5 (Licensed Embalmer's Statement on Reverse Side)

(Not Embalm) Ethel Thomas

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.....

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.