

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town FLAT RIVER, ILLINOIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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 MO (b) County St. Francois

(c) City or town FLAT RIVER 68  
(If outside city or town limits, write "RURAL") 32

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY V. SCOTT

3. (b) If veteran. — name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10 to May 15 1942 that I last saw her alive on May 15 and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife —

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

7. Birth date of deceased April 26 1861  
(Month) (Day) (Year)

Immediate cause of death uremic coma Duration 24h

Due to ch. int. nephritis

Due to diabetes mellitus

Other conditions hypertension - arteriosclerosis  
(Include pregnancy within 3 months of death) general

8. AGE: Years 81 Months 0 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country) 0

10. Usual occupation house wife

Major findings: Of operations \_\_\_\_\_

Of autopsy 61

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

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

12. Name Francis Thomas

13. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State & foreign country) 0

14. Maiden name Russell James

15. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country) 0

16. (a) Informant Anna Scott

(b) Address Flat River MO

17. (a) burial (b) Date thereof May 16, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 3 Rivers Cemetery

18. (a) Signature of funeral director 205 N. Center

(b) Address FLAT RIVER, MO

19. (a) 5-16-42 (b) Byrdie Burkmaster  
(Date received local registrar) (Registrar's signature)

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 W. G. Gabe (M. D. or other) 0  
Address DeSage MO Date signed 5-16-42

RECEIVED  
District Health Officer No. 4  
District File Number 642-779  
Date Filed 6-11-42

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.....  
*Leonard John Vargo*....., Registered Apprentice No. *311*  
working under my personal supervision.

Signed *C. J. Claywell*  
Licensed Embalmer No. *3706*  
P. O. Address *Bonne Terre 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.