

FILED AUG 12 1942

Registration District No. 167

Primary Registration District No. 4098

Registrar's No.

1. PLACE OF DEATH:

(a) County **CHARITON**
(b) City or town **BRUNSWICK**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CHARITON**
(c) City or town **BRUNSWICK**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT MYRIA JANE SCOTT
FULL NAME

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

4. Sex **FEMALE** 5. Color or race **COL.** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **JOHN SCOTT** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **AUGUST 28TH. 1866**
(Month) (Day) (Year)

8. AGE: **75** Years **10** Months **15** Days If less than one day
hr. min.

9. Birthplace **BRUNSWICK, MISSOURI.**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**
11. Industry or business **HOUSEWORK**
12. Name **FORREST MAUPIN**
13. Birthplace **DONT KNOW** (State or foreign country)
14. Maiden name **DONT KNOW**
15. Birthplace **DONT KNOW** (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. HERBERT RICHARDSON**
(b) Address **BRUNSWICK, MO.**

17. (a) **BURIAL** (b) Date thereof **7-15-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BRUNSWICK, MO.**

18. (a) Signature of funeral director **R. M. ...**

(b) Address **BRUNSWICK, MISSOURI.**

19. (a) **July 15, 1942** (b) **G. L. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

JULY 13TH.
20. DATE OF DEATH: Month **JULY** day **13TH.**
year **1942** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased from **July 10th 1942** to **July 13th 1942**
that I last saw **her** alive on **July 10th 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **cardio-renal insufficiency and attack of pneumonia**
Due to **cardio-renal insufficiency and attack of pneumonia**
Due to **six months ago**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

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 **Harry E. Tatum** (M. D. or other) **1/18/42**
Address **Branswick Mo** Date signed **7/18/42**

Duration

6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

21
1
6

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed: 8-11-42

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed: *L. M. [Signature]*

Licensed Embalmer No. 823

P. O. Address: *Brunswick 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.