

S. No. 2  
M-9-4-41  
v. 5-17-39  
P-1 X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31494

State File No. ....

FILED OCT 14 1942

Primary Registration District No. 6082

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Saline Twp

(b) City or town Arrow Rock Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Arrow Rock Twp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community all his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline ?

(c) City or town Maple Mo Rural  
(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 JOHN CYRUS SCOTT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12<sup>th</sup>  
year 1942 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from July 1942 to Sept 10 1942  
that I last saw him alive on Sept 4 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Lucy T. Scott 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. 18 1860  
(Month) (Day) (Year)

Immediate cause of death Cancer of glands of neck

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

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

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

8. AGE: Years 82 Months 7 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Major findings: SS

Of operations \_\_\_\_\_

Of autopsy NO

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Joseph Scott

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

14. Maiden name Marion Townsend

15. Birthplace Calico Co Mo.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature P. P. Lawless (M. D. or other)

Address Maple Hill Mo Date signed 9-13-42

16. (a) Informant Arnold Brown

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Sept 13-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock Mo

18. (a) Signature of funeral director Ernest Linn Campbell

(b) Address Marshall Mo

19. (a) Sept 13 1942 (b) Mrs. W. E. Shackelford  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

97  
0  
0

1255

71  
RECEIVED

District Health Officer No. 8

District File Number

Date Filed

10-13-42

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

*R. W. Campbell*

Licensed Embalmer No.

3469

P. O. Address

Marshall, 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.