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

1. PLACE OF DEATH:

(a) County. Vernon

(b) City or town. Washington, Jam. Ship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 3 Nevada, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 mo 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Lawrence

(c) City or town. Miller
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

3. (a) PRINT FULL NAME. KATE SCOTT

3. (b) If veteran, name war. (c) Social Security No. None

4. Sex. female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Will Scott 6. (c) Age of husband or wife if alive. unk years

7. Birth date of deceased. Jan 3rd 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>15</u>	hr. min.

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

10. Usual occupation. None

11. Industry or business.

MOTHER FATHER

12. Name. Radford

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

14. Maiden name. Hilda Hudspeth

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

16. (a) Informant. State Hospital Records

(b) Address. Nevada, Mo

17. (a) Buried (b) Date thereof. 9-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Pennsboro

18. (a) Signature of funeral director. Ignacio Luman

(b) Address. Miller, Mo

19. (a) Sent 21, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept day. 18th year. 1942 hour. 8 minute. 0 P. M.

21. I hereby certify that I attended the deceased from Nov 10th 1941 to Sept 18th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Heart Disease

Due to

Due to

Other conditions. Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations. 940

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? (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. G. S. Warwick (M. D. or other)

Address. nevada, mo Date signed. 9/18/42

1231

RECEIVED

District Health Officer No. 7;

District File Number 10-42-1081

Date Filed 10-6-42

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. R. Seman

Licensed Embalmer No.

3297

P. O. Address

Miller 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.