

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 18 1942

Registration District No. _____

Primary Registration District No. 3039

Registrar's No. 33

1. PLACE OF DEATH:

(a) County LINN
(b) City or town Marceline Mo
(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 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Marceline Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 510 E Grace
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME: JAMES EDWARD SCOTT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Birdie Scott 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb 23 - 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Marion County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ollie Coward

(b) Address Marceline Mo

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

(c) Place: burial or cremation Marceline Mo

18. (a) Signature of funeral director James M. Laughlin

(b) Address Marceline Mo

19. (a) 10-19-1942 (b) W. B. Cowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1942 hour _____ minute 45 P.M.

21. I hereby certify that I attended the deceased from July 11 1942 to Oct 15 1942
that I last saw him alive on Oct 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Senility

Due to _____

Other conditions Otitis media
(Include pregnancy within 3 months of death)

Major findings: 107
Of operations _____

Of autopsy _____

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 John W. Gibson (M. D. or other) Do.

Address Marceline Mo Date signed 10/17/42

Duration

4 days

2 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Dale Bunch*

Licensed Embalmer No..... *4088*

P. O. Address..... *Marceline 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, above space should be left blank.