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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37440

State File No.

Registration District No. 467115 Primary Registration District No. 4280 3036 Registrar's No. 157

55 1 1

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr J Will Smith Office 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55 1 1
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 38 West Pleasant St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Millie D Scott
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm H Scott
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC- (Month) 7- (Day) 1869 (Year)

8. AGE: Years 73 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Bates County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Gilbert Dean
13. Birthplace Nells Co (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Ann Edmondson
15. Birthplace Nells Co (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Loyal Scott
(b) Address St Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora MO.
18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo.
19. (a) 11-29-42 (Date received local registrar) (b) Eunice Greene by (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1942 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov 25 1942 to Nov 25 1942 that I last saw him alive on Nov 25 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute heart attack brought to office in ambulance	5 min
Due to Had died immediately	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature J Will Smith (M. D.)
Address 171 W. Pleasant Aurora Mo. Date signed 11/25/42

1156

(Licensed Embalmer's Statement on Reverse Side)

REC[illegible]D
Disti[illegible] [illegible]eath Officer No. 6,
District File Number 1242-1751
Date Filed DEC 11 1942

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.

o. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37440

Registration District No. 125 Primary Registration District No. 3036 Registrar's No. 157

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Aurora
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 FULL NAME: Millie D Scott
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec (Month) 7 (Day) 1866 (Year)
8. AGE: Years 73 Months 1 Days 18 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 30
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute heart attack brought to office in ambulance	
Due to and direct immediate	
Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(b) 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 J Will Smith (M. D. or other)
Address Aurora Mo. Date signed

SUPPLEMENTARY