S. No. 2
I—9-4-41
. 5-17-39
I X29484

49
2
5

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. 41062

FILED JAN 15 1943

Registration District No. 756 — Primary Registration District No. 2001 — Registrar's No. 563

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2330 Harlem none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 2107 Porter (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Thaddus Eugene Scott.

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex M

5. Color race W 0

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March 6, 1929 (Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Turkey Ford (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation school student

11. Industry or business " "

FATHER
12. Name Paul Scott
13. Birthplace Houston (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Grace Lewis
15. Birthplace Stella (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Paul Scott

(b) Address 2107 Porter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 12-21-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1942 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw alive on Did not see him alive 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from gun shot wound 20 gage shot gun in left upper chest

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

184
37

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) Accident

(b) Date of occurrence Dec. 20, 42 12 2

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Shot Gun

23. Signature R. W. Webster Coroner (M. D. or other)

Address Carthage Mo Date signed Dec 20, 42

(Licensed Embalmer's Statement on Reverse Side)

42-12-1068

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 Perry K. Hurlbut

Licensed Embalmer No. 95-9

P. O. Address Joplin 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.