No. 2
-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22664

Registration District No. 167 Primary Registration District No. 4-256 Registrar's No. 71

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not Confined
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: All Life

2. USUAL RESIDENCE OF DECEASED: 51 1 0
(a) State: Mo. (b) County: Johnson
(c) City or town: Holden
(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: 0

3. (a) PRINT FULL NAME: Arthur M. Scott
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Nettie Scott
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: May (Month) 11 (Day) 1863 (Year)

8. AGE: Years 79 Months 8 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county): Mo. 0 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Retired
FATHER
12. Name: Valentine Scott
13. Birthplace (City, town, or county): Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: Anna L. Hill
15. Birthplace (City, town, or county): Mo. 0 (State or foreign country)
16. (a) Informant: Claud Scott
(b) Address: Holden, Mo.
17. (a) Burial (Burial, cremation, or removal), (b) Date thereof 1/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden Cemetery
18. (a) Signature of funeral director: W. H. Murray
(b) Address: Holden, Mo.
19. (a) Jan. 26-1943 (Date received local registrar) (b) Gladys Ferguson Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1943 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 12, 1939, to Jan 23, 1943, that I last saw him alive on Jan 23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: 9 30
Due to:
Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Kelly Rawlins (M. D. or other)
Address: Holden Mo Date signed 1/25/43

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-9-43

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed J. H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.