

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5772

State File No.

Registrar's No. 2

FILED FEB 13 1943

Registration District No. 38

Primary Registration District No. 5104

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town "Rural" Tom. Twp. Warsaw Mo.  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town "Rural" Fristoe Twp. Warsaw Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lookout neighborhood  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William John Scott

3. (b) If veteran, name war None 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 Pearl Scott 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 24, 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mifflin County / Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John P. Scott

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

14. Maiden name Kate Pinkerton

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

16. (a) Informant Pearl Scott  
(b) Address Rt. 3 Warsaw, Mo.

17. (a) Burial (b) Date thereof Sept. 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turkey Creek Cemetery

18. (a) Signature of funeral director White-Raser  
(b) Address Warsaw, Mo.

19. (a) 9/26/42 (b) Jas. H. Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25  
year 1942 hour \_\_\_\_\_ minute 2 P. M.

21. I hereby certify that I attended the deceased from June, 1919 to 9-25-42  
that I last saw him alive on 9-25-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 10 min

Due to Coronary Insufficiency for many years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: 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)  
\_\_\_\_\_ (Means of injury)

23. Signature James H. Logan (M. D. or other)  
Address Warsaw, Mo. Date signed 9/26/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-43-12

Date Filed 2-3-43

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

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.