

FILED MAR 8 1943

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution:
2322 Felix Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 months, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jerome Eugene 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, Single

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

7. Birth date of deceased October 24th, 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>8</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Saint Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Ora B. Scott,

13. Birthplace Spencer County, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Carl

15. Birthplace Saint Joseph, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Ora B. Scott
(b) Address R.F.D.# 1, Amity, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Richard Bowman
(b) Address 319 So. 10th. Street, Home

19. (a) 2-21-43 (Date received local registrar) (b) Arce Keyes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb; **39**

(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.# 1, Amity, Mo. **0**
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th.
year 1943 hour 4:00 minute 05 p.m.

21. I hereby certify that I attended the deceased from Feb 16th 1943 to Feb 20 1943
that I last saw him alive on Feb 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Thrush-Pneumonia **5 days**
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

PHYSICIAN

Major findings: Of operations
Of autopsy _____

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 _____

23. Signature Arce Keyes M.D. (M.D. or other)
Address Highland Bldg. Date signed 2/22/43

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.....

..... 2/20/43, Registered Apprentice No.
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, 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.