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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6121

State File No.

FILED MAR 6 1944

Registration District No. 1744

Primary Registration District No. 3012

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Excelsior Springs Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 5 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Mahaska 999

(c) City or town Freemont, Iowa 13 (If outside city or town limits, write "RURAL")

(d) Street No. unkown 0 (If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME AMY ANN SCOTT

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Harley Scott

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 2 (Day) 1886 (Year)

8. AGE: Years 57 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Mt Sterling (City, town, or county) Iowa (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name John Watkins
13. Birthplace unkown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Ann Phillips
15. Birthplace unkown (City, town, or county) England (State or foreign country)

16. (a) Informant Harley Scott

(b) Address Fremont Ia.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Cantril, Iowa

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs

19. (a) 2-3-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Jan 31, 1943, to Feb 3, 1943 that I last saw her alive on Feb 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Disease (Megaston)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 15 7g 2

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

23. Signature Eugene B Robbins (M.D. or other) Sw

Address Ex. Springs, Mo Date signed 2/2/43

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 3-4-43

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 Herbert C Hope

Licensed Embalmer No. 3199

P. O. Address Excelsior Sprin

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.