

FILED APR 7 1943
Registration District No. 0

Primary Registration District No. 4124

1. PLACE OF DEATH:

(a) County Clark
 (b) City or town Kahoka
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
 (c) City or town Kahoka
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Hardie Thompson Scott
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1943 hour 12 minute 45 A. M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Julia Ann Dorsey 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 15 - 1850
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1940 to 3/25 1943
 that I last saw him alive on 3/25 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>3</u>	<u>10</u>	hr. _____ min.

Immediate cause of death Senility

9. Birthplace Logansport Indiana
 (City, town, or county) (State or foreign country)

Due to Old age

10. Usual occupation Retired Farmer

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

11. Industry or business _____

Major findings: Of operations 162 lb

12. Name John R. Scott

Of autopsy _____

13. Birthplace Hart County Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Rachel Henderson

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

16. (a) Informant Yvonne Dorsey
 (b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 3-27-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Fred J. Karle
 (b) Address Kahoka Mo.

19. (a) 3-1-43 (b) P. S. Barton
 (Date received local registrar) (Registrar's signature)

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) (b) Means of injury _____
 23. Signature P. S. Barton (M. D. or other) _____
 Address Kahoka Mo. Date signed 3-26-43

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

MOTHER FATHER

1073

3-26-43

RECEIVED

District Health Officer, No. 10

District File Number 43-611

Date Filed MAR 15 1943

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

Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.