

FILED APR 7 1948

Registrar's No. 5

Registration District No. _____

Primary Registration District No. 4151

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

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Stellville Mo

(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 Mo (b) County Crawford

(c) City or town Huzzah (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 David Golden Scott

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased 9 - 22 - 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace California Ogmo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Hartford Scott

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

{ 14. Maiden name May Scott

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

16. (a) Informant Mrs Anna Relean Scott

(b) Address Huzzah Mo

17. (a) _____ (b) Date thereof 2-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stellville Cemetery

18. (a) Signature of funeral director L. J. James

(b) Address Stellville Mo

19. (a) 3-6-48 (b) G. W. Schreder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26th year 1948 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1-14-42 to 2-26-1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Thrombosis

Heart Block

Due to Arteriosclerosis

Due to ?

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations no

Of autopsy no

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? Mo (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 G. W. Schreder (M. D. or other) _____

Address Stellville Mo Date signed _____

1309

L. J. James

RECEIVED

District Health Officer No. 5,

District File Number

443199

Date Filed

4-5-43

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.