

FILED MAR 16 1943

Registration District No.

Primary Registration District No. 5-229

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wheathard

(b) City or town Wheathard Rural
(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 4 yrs years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wheathard ⁴³

(c) City or town Wheathard - Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.

3. (a) PRINT FULL NAME James Allen Scott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1943 hour 2:00 AM minute - M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to Jan 13 1943
that I last saw him alive on Jan 12 1943
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Josephine Scott 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Mar 21 1860
(Month) (Day) (Year)

Immediate cause of death. apoplexy ^{3 day}

Due to hypertension

Due to senility

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

Major findings: Of operations 83a

Of autopsy.

8. AGE: Years Months Days If less than one day

87 9 22 hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name John Scott ⁹

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

14. Maiden name unknown ⁹

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

16. (a) Informant Rachel Chaney

(b) Address Wheathard Mo

17. (a) burial (b) Date thereof 2/16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dosky Bend

18. (a) Signature of funeral director [Signature]

(b) Address Wheathard Mo

19. (a) Feb 16 43 (b) Mary K. Carlstrom
(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) (e) Means of injury 2 alo

23. Signature C. D. Bailey (M. D. or other) 2 alo
Address Wheathard Mo Date signed Feb 13

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

13
000

RECEIVED

District Health Officer No. 7,

District File Number 2-43-22

Date Filed 3-3-43

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. 2982

P. O. Address Wheatland, N.

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.