. S. No. 2
OM—5-42
. 5-17-39
I X32873

84
0
0

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

11162

State File No.

FILED APR 14 1943

Registration District No. 284

Primary Registration District No. 5975

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar - rural - McKinley Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... none
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 84

(a) State Missouri (b) County Polk 0

(c) City or town Bolivar - rural - 0
(If outside city or town limits, write "RURAL")

(d) Street No. Bolivar Star Route
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Eugene D. Scott

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September (Month) 30, (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	15	hr. min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Henry Scott
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Martha Selvang Denel
15. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Mrs Winnie Scott

(b) Address Bolivar - Star Route

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 7, (Day) 1943 (Year)

(c) Place: burial or cremation Mt. Gilead

18. (a) Signature of funeral director Hutcheson & Co (Ogester)

(b) Address Bolivar Mo

19. (a) Mar. 16 1943 (Date received local registrar) Martha Rush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1943 hour 8 minute 40 A M.

21. I hereby certify that I attended the deceased from Feb. 17, 1943 to Mar. 5, 1943
that I last saw him alive on Mar 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Haemorrhage

Due to .....

Due to .....

Other conditions 830
(Include pregnancy within 3 months of death)

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 0

23. Signature J. H. Bridges (M. D. ~~or other~~) M.D.

Address Bolivar Mo Date signed

1197

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7b
District File Number 3-43-8
Date Filed 4-3-43

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 Orby Foster

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.